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HIV Prevention Planning Council Meeting

January 10, 2002

3:00 – 6:00 pm

Mayor's Conference Room (201) at City Hall
Van Ness at Grove, San Francisco

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Agenda

Meeting called by Co-Chairs: Janetta Johnson, Edd Lee, and Steven Tierney

3:00 pm	**Welcome, Introductions, Food, and Announcements**	**Janetta Johnson**
3:15 pm	**Review and Approval of Minutes of December 13, 2001** ***VOTE***	**Janetta Johnson**
3:20 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**Janetta Johnson**
3:30 pm	**Member Response to Public Comment**	**Janetta Johnson**
3:35 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To ensure that HPPC members are aware of and understand the activities of the Community Co-Chairs, the HIV Prevention Director, the Steering Committee, and the HIV Prevention Section. ***POSSIBLE VOTE***	**Janetta Johnson**
3:45 pm	**Setting Goals for 2002: A Survey of HPPC Members** Objective. To gather input from HPPC members on process and outcome goals for 2002	**Community Health Studies Group**
4:00 pm	**Report from the Party and Play Study and Discussion** Objective: To hear the results of a study, prioritized by the HPPC, of people reached through late night outreach. To provide an opportunity for members to ask questions about the study and consider prevention implications of the results	**Party and Play Staff, SFDPH**
4:45 pm	**BREAK**	
4:55 pm	**Discuss 2002 Work for Council and Sign up for Committees.....*VOTE*** Objective: To discuss and adopt a scope of work for 2002. The recommendations from the 2001 Council will be forwarded to the 2002 Council for approval. Members will hear about each committee and select committee work.	**HPPC Members**
5:20 pm	**Presentation of Results of the Survey of HPPC Members** Objective: To hear the results of the survey conducted at the beginning of the meeting The outcome of the discussion will be used to develop goals and topics for the 2002 Parking Lot.	**Community Health Studies Group**
5:45 pm	**Closure and Evaluation** Objective: To evaluate the process of the meeting in relation to the five core objectives.	**Janetta Johnson**
6:00 pm	**Adjournment**	**Janetta Johnson**

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Note. All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING MEETINGS: Committee Meetings – **Thursday, February 14, 2002**, 3-6 pm, 25 Van Ness Ave.

HPPC Meeting - Thursday, **March 14, 2002**, 3-6 p.m., TBD

Know your rights under the Sunshine Ordinance. Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Rachel Amstine O'Hara, Clerk, City Hall, Room 362, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-6172, Fax: 554-6177, E-Mail: Rachel_AmstineO'Hara@ci.sf.ca.us.

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HIV PREVENTION PLANNING COUNCIL

Action Minutes

January 10, 2002

The next HPPC meeting will be held on **Thursday, March 14, 2002**
3:00 - 6:00 p.m.
Mayor's Conference Room (201) at City Hall
San Francisco

Members Present:
Tae-Wol Stanley
Gwen Smith
Janetta Johnson
Al Cunningham
Deborah Oliver-Wilson
Gail Sanabria
Ed Gallagher
Rev. Yvette Flunder
Michael Meehan
Hank Wilson
Edd Lee
Teresa Betancourt
Jenn Kaufman
Israel Nieves-Rivera
Mike Schement
John Newmeyer
Rebecca Rodriguez
Paul Harkin
Chata Ashley
Ari Bachrach
Erick Brown
Thomas Knoble
Ken Pearce
Armel Crocker
Marcel Miranda
Steve Gibson
Amber Gray

Members Absent:
Steven Tierney
Gayle Burns
Michael Discepola
Lyn Fischer
Maria Castillo
Patrick Stephens
Robert Gomez

Guests:
Lori Cohen, UCSF
Matthew Bajko, BAR

Process Evaluation Team:
Kathleen Roe

Harder + Co.:
Dara Coan

DPH/HPS Staff:
Mike Pendo
Lisa Reyes
Tracey Packer
Betty Chan Lew
Eileen Loughran
Stephen Dempsey
Jelousy Jiggetts
Seth Watkins
Carla Clynes
James Rapues

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Meeting called to order at 3:15 PM.

Food, Welcome, Introductions, Announcements:
The meeting was chaired by Janetta Johnson.

Chata handed out a UCSF/CAPS fact sheet "what are American Indian/Alaska Natives' (AI/AN) HIV prevention needs?" He asked the Council to consider AI/AN's HIV prevention needs and possible collaborations between local health departments, state and federal agencies. The fact sheet is enclosed for absent members.

Al Cunningham announced that he will be taking a three month sabbatical leave from the Council.

HIV PREVENTION PLANNING COUNCIL
Action Minutes
January 10, 2002

Ken Pearce requested that the 2001 HIV Prevention Condensed Plan be distributed to HIV Health Services Planning Council (CARE) members. The next CARE Council meeting is schedule for January 28, 2002.

Review and Approval of December 13 Minutes:
The minutes were approved with one change. Ken Pearce was not present at the December 13 meeting.

General Public Comment:
There was no public comment. However, HPPC member Hank Wilson raised questions on the following items to which Tracey Packer from the HIV Prevention Section responded:

- Article in BAR for services for black gay youth

There were no applications submitted to provide services for black gay youth in the initial RFP. The Prevention Section will be issuing a competitive process to ensure that African American young MSM are reached.

- Status on Wedge Program

Wedge Program was not recommended for funding by the review panel. The AIDS Office is funding Wedge Program for one year (2002) to assist with the transition to other school health funding.

- Status on the new State mandate that 25% of the HIV prevention funding be directed toward HIV positive people. There will be a group discussion by Council members about how to meet this requirement.

- Castro Mission – Bristo-Meyers Squibb

The Castro gay men's health project is moving forward. The group now calls itself "Castro Guys," and over the past few weeks has surveyed 200 people in the neighborhood about what they might like in a gay health center. Next month, several workshops will be conducted with sub-groups of guys who completed the survey to get more in-depth input from them. A location for the center has not yet been finalized, but the group is looking at several possibilities in the heart of the Castro.

- Stonewall Project – Waiting list for services

This question will be brought to the Provider Relations Unit of the HIV Prevention Section which will bring back any information to the Council at the next full Council meeting in March.

Israel Nieves-Rivera asked to see a list of agencies who were funded under the recent RFP with a break down by BRP and race ethnicity.

Hank also noted that he was concerned that anonymous testing would not be available for non-IDU women and MSF. Tracey responded that services must be available for these populations.

Providers and program managers are currently in contract negotiation to ensure these services are provided.

Member Response to Public Comment:
N/A

Co-Chairs/Steering Committee Report:
Janetta reported back on the press conference held by the Health Department on the release of the 2001 HIV Prevention Condensed Plan. The Plan is available in English and Spanish. There were four local TV stations present and several newspapers.

Harder and Co. and Community Health Studies Group will continue to support HPPC in 2002. The HIV Prevention Section is also working with another consulting firm to provide logistics, such as minutes taking and providing refreshments.

Tracey announced the joint meeting and reception for HIV Prevention Planning Council and HIV Health Services Planning Council members to meet with Scott Evertz, Director of the White House Office of National AIDS Policy (ONAP). The reception will be held on Thursday, January 24 from 4:30-6:30 PM in the Mayor's Conference Room at City Hall. Those who can not make it to this reception but have questions, please either come to the Co-Chairs meeting on January 17 or forward your questions to the Co-Chairs or Tracey.

Setting Goals for 2002: A Survey of HPPC Members
Kathleen Roe explained the purpose of the survey to the members. The survey is to gather input from the Council members on process and outcome goals for 2002. Kathleen analyzed the surveys and reported back to the Council at the end of the meeting.

Report from the Party and Play Study and Discussion:
The Party and Play Study was prioritized by the HIV Prevention Planning Council in 1998. The study was to look at the HIV risks and prevalence of the late night substance using MSM and male-to-female transgendered populations in San Francisco. Mike Pendo and his staff presented the results. Handouts are enclosed for absent members.

Discuss 2002 Work for Council and Sign Up for Committees:
Members were asked to sign-up for a committee of their choice. There are four committees this year and they are: Community Liaison, Emerging Populations, Membership, and Research.

All committees will hold their first meeting on Thursday, February 14 at the AIDS Office, 25 Van Ness Avenue. The meeting times are:

Membership Committee 3:00 - 4:30 PM, Room 330B
Community Liaison Committee 3:00 - 4:30 PM, Room 330A

HIV PREVENTION PLANNING COUNCIL

Action Minutes

January 10, 2002

Research Committee 4:15 - 6:00 PM, Room 330A
Emerging Populations 4:15-6:00 PM, Room 330B

Motion: The Council will meet every other month (Jan, March, May, July, Sept, Nov) and have committee meetings on the alternate months, with the exception of added committee meetings if required. The motion passed with 18 yes, 4 no, and 1 abstention.

Presentation of Results of the Survey of HPPC Members:
Kathleen Roe reported back from the surveys filled out by the members at the beginning of the meeting. The outcomes will be used to develop goals and topics for the 2002 Parking Lot (see attached summary).

Meeting adjourned at 6:00 PM
Minutes prepared by Betty Chan Lew, HIV Prevention Section.
Minutes reviewed by Tracey Packer, Janetta Johnson, and Edd Lee.

Reminder: The next HPPC meeting will be held on Thursday, March 14, 2002, 3:00-6:00 PM at the Mayor's Conference Room (201) at City Hall.

HIV Prevention Planning Council
HIV Health Services Planning Council

Joint Reception with Scott Evertz, Director
Office of National AIDS Policy

/02

January 24, 2002
Mayor's Conference Room (Room 201), City Hall
San Francisco

Agenda

1. Welcome and Introduction of Speakers-Council Co-Chairs	4:30 PM
2. Presentation by the HIV Health Services Planning Council	4:30-4:40 PM
3. Presentation by the HIV Prevention Planning Council	4:40-4:50 PM
4. Presentation by Scott Evertz, Presidential AIDS Advisor	4:50-5:00 PM
5. Questions and Comments from Council Members	5:00-6:00 PM
6. Questions and Comments from Members of the Public	6:00-6:10 PM
7. Reception	6:10-6:30 PM
8. Adjournment	6:30 PM

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HIV Prevention Planning Council Meeting

March 14, 2002

3:00 – 6:00 p.m.

Mayor's Conference Room (201) at City Hall
Van Ness at Grove, San Francisco

Agenda

Meeting called by Co-Chairs: Janetta Johnson, Edd Lee, and Steven Tierney

3:00 pm	**Welcome, Introductions, Refreshments, and Announcements**	Steven Tierney
3:15 pm	**Review and Approval of Minutes of January 10, 2002** *VOTE*	Steven Tierney
3:20 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	Steven Tierney
3:30 pm	**Member Response to Public Comment**	Steven Tierney
3:35 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To ensure that HPPC members are aware of and understand the activities of the Community Co-Chairs, the HIV Prevention Director, the Steering Committee, and the HIV Prevention Section. *POSSIBLE VOTE*	Steven Tierney
3:50 pm	**New Business: Member Input to the Parking Lot** Objective: To ensure that important topics not addressed on the current agenda are listed for future placement on agendas. Members vote to add items to the Parking Lot. *POSSIBLE VOTE*	Steven Tierney
4:00 pm	**Elect Steering Committee At-Large Members** Objective: To elect two At-Large Members to the Steering Committee.	Steven Tierney
4:10 pm	**Plan for meeting the State OA Requirement for HIV Prevention for HIV Positives-Letter of Concurrence-Vote** Objective: To review a plan for allocating 25% of HIV Prevention funding to reach people who are HIV positive with prevention programs.	Steven Tierney
4:25 pm	**Presentation of Results by the OASIS Project** Objective: To hear about the activities of the OASIS Project and to determine how data can be used in priority setting for the HPPC.	Kate Steiner, STD Prevention and Control
4:45 pm	**BREAK**	
4:55 pm	**Results of the Needs Assessment with Latino Immigrant Males Who Have Sex With Males** Objective: To hear about the results of this needs assessment conducted to inform prevention about the prevention issues of this population.	Dara Coan, Harder+Co.
5:15 pm	**Discussion: Implications of OASIS and Need Assessment Results for HIV Prevention** Objective: To discuss how this information can be used by the HPPC in its work.	Edd Lee/All members
5:40 pm	**Report on the Implementation of the Harm Reduction Resolution** Objective: To hear about the plans to implement the SF Department of Public Health Harm Reduction Resolution.	Michael Siever

5:50 pm	**Closure and Evaluation** Objective: To evaluate the process of the meeting in relation to the five core objectives.	**Steven Tierney**
6:00 pm	**Adjournment**	**Steven Tierney**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING MEETINGS: Community Liaison – Thursday, April 11, 2002, 3:00-4:30 PM
Membership – Thursday, April 11, 2002, 3:00-4:30 PM
Emerging Populations – Thursday, April 11, 2002, 4:30-6:00 PM
Research – Thursday, April 11, 2002, 4:30-6:00 PM
Above committee meetings will be held at 25 Van Ness Avenue, San Francisco.

HPPC Meeting - Thursday, May 9, 2002, 3-6 PM, Location TBD

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HIV PREVENTION PLANNING COUNCIL

Action Minutes

March 14, 2002

The next HPPC meeting will be held on **Thursday, May 9, 2002**
3:00 - 6:00 p.m.
Mayor's Conference Room (201) at City Hall
San Francisco

Members Present:
Tae-Wol Stanley
Gwen Smith
Steven Tierney
Robert Gomez
Lyn Fischer
Gail Sanabria
Chata Ashley
Rev. Yvette Flunder
Michael Meehan
Hank Wilson
Edd Lee
Teresa Betancourt
Jenn Kaufman
Israel Nieves-Rivera
Mike Schement
John Newmeyer
Rebecca Rodriguez
Paul Harkin
Thomas Knoble
Ari Bachrach
Ken Pearce
Armel Crocker
Marcel Miranda
Gayle Burns
Erick Brown

Members Absent:
Janetta Johnson
Deborah Oliver-Wilson
Michael Discepola
Ed Gallagher
Al Cunningham (on leave)
Amber Gray
Steve Gibson

Process Evaluation Team:
Kevin Roe
Kathleen Roe

Harder + Co.:
Dara Coan

Guests:
Kate Steiner (STD Control)
Charlotte Kent (STD Control)
Ging Louie (EB AIDS Advocacy Foundation)
Yuriko Azuma (City College of SF)
Masumi Tatsuno (City College of SF)
Christina Torres (City College of SF)
Melissa Jones (City College of SF)
William Awa (City College of SF)
Katherine Ellis (City College of SF)
Pandora Bednar (City College of SF)
Jabari Corgile (City College of SF)
Rosanna Alvlar (City College of SF)
Kisakyo Dawayani (City College of SF)
Krystal Willingham (City College of SF)
Toboni Wright-Love (City College of SF)
Mahalia Wilson (City College of SF)
Tiffany Subido (City College of SF)
Louie Ramos (City College of SF)

HIV Prevention Section: Tracey Packer, Lisa Reyes, Eileen Loughran, Betty Chan Lew, Marisé Rodriguez, Erik Dubon

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Meeting called to order at 3:15 PM.

Food, Welcome, Introductions, Announcements:
The meeting was chaired by Steven Tierney.

Hank Wilson mentioned an article in the Journal of Infectious Diseases that discusses amyl nitrate ("Poppers and HIV.") An online version is available.

John Newmeyer announced a newsletter he wrote "A New Analysis of MSM Seroconversion in San Francisco." The newsletter is enclosed for absent members.

HIV PREVENTION PLANNING COUNCIL
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Israel Nieves-Rivera announced that the new LGBT center will be having a forum on April 3 from 6-9 PM. This forum will focus on the best use of the center.

Kevin Roe requested that members fill out the member profile and turn it in with the evaluation forms at the end of the meeting.

Review and Approval of January 10 Minutes:
The minutes were approved by consensus.

General Public Comment:
Chata commended Edd Lee for his eloquence, focus, and poise during the Scott Evertz reception on January 24. He also expressed how proud he was to be a member of the HIV Prevention Planning Council.

HPPC Co-Chairs/Steering Committee Report:
1. Steven Tierney highlighted a few items on the written Co-Chairs/Director's Report. The report is enclosed for absent members.

2. Marisé Rodriguez from the HIV Prevention Section (HPS) presented the 2002 funding breakdown for CDC dollars allocated by the SFDPH. The handouts are enclosed for absent members.

The following questions were asked by the members of the Council, and Steven Tierney provided the answers:

Q: Tae-Wol asked how HPS incorporated State and GF funds into the funding distribution.
A: The CDC funding cycle starts on January 1 and State and GF cycle start on July 1. This information can be presented after contracts/MOUs are negotiated.

Q: Hank Wilson asked about funding for youth, in particular the Wedge Program.
A: The Wedge Program submitted an application for continued funding from the AIDS Office; however, the independent review panel recommended not to fund them based on their low score. The AIDS Office is funding Wedge Program for one year (2002) to assist with the transition to other school health funding.

Q: Israel Nieves-Rivera asked how the decision is made whether a program will be funded under CDC, State or general funds.
A: The HPS makes decisions on funding source based on which is most appropriate for the proposed strategies and interventions. Needle exchange programs cannot be funded with federal funds.

Q: Israel also asked a question about the Bristo/Meyers Squibb Project.
A: There are four projects, and the Castro Gay Men's Health Center (Castro Guys) is one of the projects. The community advisory board for Castro Guys has been meeting for the past 11 months. A location for the center has not yet been finalized, but the group is looking at several possibilities in the heart of the Castro.

Q: Marcel Miranda asked how CDC funding is divided between programs and administration (such as HIV Prevention Section, etc.) A report on the total dollar spent on programs is requested.

A: CDC funds are divided into two ways. More than two-thirds of CDC funds are allocated to programs, and the rest is for administration.

Q: Hank Wilson requested a report on the dollar break down for administration for all funding sources.
A: All HIV Prevention general funds go to programs and none to administration. The HIV Prevention Section will provide a report on CDC and State funds.

Q: Israel asked for protocols for the unit of service (UOS).
A: Agencies develop their UOS costs based on guidance released last year by HPS.

3. Edd Lee reviewed the HPPC Calendar of Events for 2002 with the Council Members. The calendar is to help members see what's coming up in each month. Copies will be available once it is finalized.

4. During the Community Planning Leadership Summit (CPLS) held in Chicago in early March, the CDC guaranteed that the grantees will be receiving the unspent funds from 2001. The CDC also received $39 million in new funds this year. Those funds will be allocated as follows: $5 million will go to community prevention for HIV positive persons to be allocated by formula, $5 million will go by formula for other prevention and San Francisco will receive about $100,000. The rest will go to behavioral research.

Hank Wilson requested information on California Planning Group meetings. Steven Tierney reported that the group meets four times a year, and the next meeting will be on April 17 and 18 in Redondo Beach. The following meeting will be on August 27 and 28 in San Francisco.

New Business: Member Input to the Parking Lot:
Hank Wilson proposed a motion on poppers. He specifically would like to know who is educating gay men on poppers in San Francisco. The motion was seconded by Israel, and this item will be added to the HPPC Parking Lot.

Elect Steering Committee At-Large Members:
There are two At-Large seats available on the Steering Committee and the HIV Prevention received three nominations. They are Ronnie (Chata) Ashley, Thomas Knoble, and Tae-Wol Stanley. The Council voted and elected Thomas and Tae-Wol as At-Large members to the Steering Committee. Steven Tierney thanked each of the candidates for being willing to serve on the Steering Committee.

Plan for Meeting State OA Requirement:
The State of California, Office of AIDS has issued a requirement that each funded jurisdiction spend no less than 25% of their HIV prevention and education dollars on services targeted for persons who are HIV positive. The State has asked all jurisdictions to develop a plan and seek CPG concurrence. A draft plan was e-mailed to members early this week. A motion was made by Yvette Flunder and seconded by John Newmeyer to approve the plan. The letter of concurrence was approved by consensus.

HIV PREVENTION PLANNING COUNCIL

Action Minutes

March 14, 2002

Presentation by the OASIS Project:
Kate Steiner from STD Prevention and Control presented an overview of the project. The handouts are enclosed for absent members.

Results of the Needs Assessment with Latino Immigrant Males Who Have Sex With Males:
Dara Coan of Harder and Co. presented the results of the needs assessment which was prioritized by the HPPC.

Members of the Council requested to review the instrument used to gather data, recruitment materials and strategies so members can get a better idea of how the assessment was conducted.

The final report will be available after the recommendations are finalized by the Emerging Populations Committee.

Discussion: Implications of OASIS and Need Assessment Results for HIV Prevention:
Hank would like to get qualitative info on all 36 participants from the needs assessment.

Marcel would like more demographic data, such as country of origin and zip codes. What is the cultural competence of the researchers?

Ari noted that referrals/enhanced risk reduction should be provided to participants.

Israel noted that agencies don't have capacity to conduct these surveys and these results can be used by prevention programs.

Tae-Wol commended Harder and Co. for this work. Collaborative work with agencies is useful for both the results and the agencies.

In response to concerns about the number of participants, Ari noted that this was a needs assessment and not an epi-study, which would cost much more.

Israel noted that the study focused on Latino immigrants, but only 47% were monolingual.

Marcel noted that access to testing is an issue – should testing be a referral or should there be a strong testing link?

Edd noted that all the recommendations made today should be made to researchers in general.

Report on the Implementation of the Harm Reduction Resolution:
Michael Siever from Stonewall Project and chair of the committee that developed the DPH Harm Reduction Resolution explained that since the development of the policy, a group is working to figure out how to train Department of Public Health staff and contractors in implementing the various parts of resolution. The

HPPC endorsed the Harm Reduction Resolution in August 2001. A copy of the Harm Reduction Resolution is enclosed.

San Francisco Department of Public Health has organized a series of brown bag lunch meetings through out the month of April on harm reduction issues. Please go to www.dph.sf.ca.us/harmreduction website for dates and times.

Meeting adjourned at 6:00 PM.
Minutes prepared by Betty Chan Lew, HIV Prevention Section.
Minutes reviewed by Tracey Packer and Edd Lee.

Reminder: The next HPPC meeting will be held on Thursday, May 9, 2002, 3:00-6:00 PM at the Mayor's Conference Room (201) at City Hall.

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HIV Prevention Planning Council Meeting
May 9, 2002
Mayor's Conference Room (201) at City Hall
Van Ness at Grove, San Francisco

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See "revised" Agenda

Agenda

Meeting called by Co-Chairs: Edd Lee and Steven Tierney

3:00 pm	**Food, Welcome, Introductions, Announcements**	Edd Lee
3:15 pm	**Review and Approval of Minutes of March 14, 2002** *VOTE*	Edd Lee
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3:35 pm	**New Business: Member Input to the Parking Lot** Objective: To suggest topics for the HPPC to discuss on future agendas. Members vote to add items to the Parking Lot. *POSSIBLE VOTE*	Edd Lee
3:45 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To ensure that HPPC members are aware of and understand the activities of the Community Co-Chairs, the HIV Prevention Director, the Steering Committee, and the HIV Prevention Section. Tae-Wol Stanley and Thomas Knoble, At-Large Members, will present on their roles. *POSSIBLE VOTE*	Edd Lee, Tae-Wol Stanley, Thomas Knoble
4:00 pm	**Community Co-Chair Election** Objective: To elect a Community Co-Chair for the remainder of the current term, July to December 2002. *VOTE*	Edd Lee
4:10 pm	**Presentation of Focus Group Results: "Why HIV Infections Have Increased Among Men who Have Sex with Men and What To Do About It"** Objective: To hear a presentation by Dr. Morin, Director of the AIDS Policy Research Center of UCSF, on focus groups designed to determine the reasons behind the increase in new HIV infections among gay men and to define prevention messages that might reduce risk.	Stephen Morin, Ph.D.
4:30 pm	**Research Committee Update** Objective: To get an update on the scope of work for the Research Committee and to consider a motion regarding new research applications. *VOTE*	Israel Nieves-Rivera and Hank Wilson
4:40 pm	**Break**	
4:50 pm	**Population Assessment and Trend Analysis Committee Update (formally Emerging Populations Committee)** Objective: To receive an update on the work of the committee, to vote on the proposed methods for community input, and to complete a survey in small groups. *VOTE*	Thomas Knoble and Tae Wol Stanley
5:20 pm	**Cooperative Agreement Update** Objective: To work in small groups to prioritize objectives from the 2001 Plan for the 2003 Cooperative Agreement application. *VOTE*	Charles Klein and Tracey Packer
5:50 pm	**Closure and Evaluation**	
6:00 pm	**Adjournment**	All

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UPCOMING MEETINGS: HPPC Meeting - Thursday, **July 11, 2002**, 3-6pm, TBD

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→ **MEETING LOCATION HAS CHANGED!!!** ←

HIV Prevention Planning Council Meeting
May 9, 2002
25 Van Ness Avenue, Suite 330A (3rd Fl)
San Francisco

Agenda

Meeting called by Co-Chairs: Edd Lee and Steven Tierney

3:00 pm	**Food, Welcome, Introductions, Announcements**	**Edd Lee**
3:15 pm	**Review and Approval of Minutes of March 14, 2002** *VOTE*	**Edd Lee**
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3:35 pm	**New Business: Member Input to the Parking Lot** Objective: To suggest topics for the HPPC to discuss on future agendas. Members vote to add items to the Parking Lot. *POSSIBLE VOTE*	**Edd Lee**
3:45 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To ensure that HPPC members are aware of and understand the activities of the Community Co-Chairs, the HIV Prevention Director, the Steering Committee, and the HIV Prevention Section. Tae-Wol Stanley and Thomas Knoble, At-Large Members, will present on their roles. *POSSIBLE VOTE*	**Edd Lee, Tae-Wol Stanley, Thomas Knoble**
4:00 pm	**Community Co-Chair Election** Objective: To elect a Community Co-Chair for the remainder of the current term, July to December 2002. *VOTE*	**Edd Lee**
4:10 pm	**Presentation of Focus Group Results: "Why HIV Infections Have Increased Among Men who Have Sex with Men and What To Do About It"** Objective: To hear a presentation by Dr. Morin, Director of the AIDS Policy Research Center of UCSF, on focus groups designed to determine the reasons behind the increase in new HIV infections among gay men and to define prevention messages that might reduce risk.	**Stephen Morin, Ph.D.**
4:30 pm	**Research Committee Update** Objective: To get an update on the scope of work for the Research Committee and to consider a motion regarding new research applications. *VOTE*	**Israel Nieves-Rivera and Hank Wilson**
4:40 pm	**Break**	
4:50 pm	**Population Assessment and Trend Analysis Committee Update (formally Emerging Populations Committee)** Objective: To receive an update on the work of the committee, to vote on the proposed methods for community input, and to complete a survey in small groups. *VOTE*	**Thomas Knoble and Tae Wol Stanley**
5:20 pm	**Cooperative Agreement Update** Objective: To work in small groups to prioritize objectives from the 2001 Plan for the 2003 Cooperative Agreement application. *VOTE*	**Charles Klein and Tracey Packer**

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5:50 pm	**Closure and Evaluation**	
6:00 pm	**Adjournment**	**All**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING MEETINGS: HPPC Meeting - Thursday, **July 11, 2002**, 3-6pm, TBD

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us.

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

HIV PREVENTION PLANNING COUNCIL

Action Minutes

May 9, 2002

The next HPPC meeting will be held on **Thursday, July 11, 2002**
3:00 - 6:00 p.m.
City Hall, San Francisco

Members Present
Chata Ashley
Erick Brown
Gayle Burns
Michael Discepola
Lyn Fischer
Rev. Yvette Flunder
Ed Gallagher
Steve Gibson
Paul Harkin
Janetta Johnson
Thomas Knoble
Edd Lee
Marcel Miranda
John Newmeyer
Israel Nieves-Rivera
Deborah Oliver-Wilson
Gwen Smith
Tae-Wol Stanley
Steven Tierney
Hank Wilson

Members Absent
Ari Bachrach
Teresa Betancourt
Armel Crocker
Mike Schement
Robert Gomez
Amber Gray
Jenn Kaufman
Michael Meehan
Ken Pearce
Rebecca Rodriguez
Gail Sanabria

Harder + Co.:
Dara Coan
David Weinman

Process Evaluation Team
Kathleen Roe
Kevin Roe

Guests
David Donovan, CAPS
Ellen Goldstein, CAPS
Stephen Morin, Ph.,D., AIDS Policy Research Center at UCSF
Brandon Norris, Shanti Project, Life Program
Tomas Rodriguez, CDC

HIV Prevention Section:
Charles Klein
Erik Dubon
John Melichar
Lisa Reyes
Eileen Loughran
Tracey Packer
Betty Chan Lew

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Meeting called to order at 3:06 PM.

Food, Welcome, Introductions, Announcements:
The meeting was chaired by Edd Lee.

Announcements:

- Steven Tierney has been honored with a AIDS Hero's Award at the LGBT Center
- Steve Gibson has left STOP AIDS Project and will be the Director of the Gay Men's Health Center, part of the Bristol Myers Squibb Initiative.
- Hank Wilson reminded the Council of the AIDS Candlelight Vigil on Sunday May 19th

Review and Approval of March 14, 2002 Minutes:
The minutes were approved with two abstentions.

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HIV PREVENTION PLANNING COUNCIL

Action Minutes

May 9, 2002

Generol Public Camment:

There wos no Generol Public Comment.

New Business: Member Input ta the Parking Lat:

1. Michael Discepola suggested the Co-Chairs and Steering Cammittee fashion o response from HPPC to the rising HIV and STD rates.
2. Hank Wilsan asked about communicoting reseorch findings to the public from the Barcelana Internationol AIDS Conference.
   - Edd Lee pointed out thot this is being hondled by the Steering Committee
   - Trocey Pocker stated thot SFDPH is scheduling o report bock with details on DPH studies os well os ather research reparted.
3. Morcel Miranda painted out thot Notional HIV Testing Week occurs in June. He suggests the Council send o letter encauraging funded arganizatians ta participate. As time is shart he suggests this be hondled in this meeting.
   - Steven Tierney stated thot "The Brawn Act" precludes bringing up a prapased new oction ond vating on the prapasal at the same meeting.
   - The matter was referred to the Steering Committee.

HPPC PARKING LOT

2002

Updated STD presentation
Discussion of prevention case management (PCM) specifically for transgender MTF.
Discussion of youth and STDs in relation to HIV.
Discussion on Poppers and MSMs in SF

HPPC CO-Choirs/Steering Cammittee Report

Steven Tierney honded out the Committee's report of Morch 9, 2002. Members were osked to review ond roise questions. The report is enclosed for obsent members.

Steven Tierney wonted to highlight two things nat included in the report:

1. Tom Cootes of CAPS hos committed to getting research informotion to the community prior ta its releose ot the Borcelono Internotionol AIDS Conference. They ore committed to not repeoting previous experience of infarmotion being presented and quoted in the media priar ta informing the HIV Prevention ond Services Cammunity.

2. A little aver twa years aga a cammittee af the Cauncil was arganized ta deal with resaurce allacatian relating ta the DuPant Faundatian Grant (naw Bristal Meyer Squibb).
   - The City af San Francisca matched the cantributian - funds tataled $2 millian aver five years.
   - A sign-up sheet was passed araund far members ta valunteer ta serve an a time-limited (2-3 meetings) Cammittee
   - The priarities fram last time were:
     a) An STD eliminatian project far Hunter's Paint -- this was funded and aperated by the STD Branch af the DPH, particularly targeting yaung African-American wamen
     b) An enhancement ta the PHIPP Praject -- which is the preventian far HIV Pasitives Praject run by the DPH. They hired faur new health warkers enabling the DPH ta increase the Mabile Van project fram twa nights ta six sessians a week.
     c) The Gay Men's Health Center praject in the Castra
     d) African-American MSM Sacial Marketing Praject

Ellen Galdstein and David Danavan af CAPS pravided an averview af the last twa prajects:

- The African-American MSM Praject has awarded, althaugh nat as yet signed, a cantract ta Pramatians West, a sacial marketing arganizatian run by Michael Wagner. The campaign is being develaped and shauld be launched in the next manth ar twa. The praject is nat limited ta gay-identified men but alsa invalves wamen wha play a rale in the lives af the MSM papulatian.
- The Gay Men's Health Praject -- the cantract is nat signed as yet. A graup calling itself, "Castra Guys" has been meeting far abaut a year with a lat af idealism and enthusiasm. They have perfarmed 200 surveys, five Facus Graups, have autharized a Spring Cleaning campaign facusing af gay men's health issues and screenings far STDs. Their facus is an develaping a site in the Castra far STD and HIV testing, Mental Health Caunseling, and an infarmal/sacial meeting space. They recently hired Steve Gibsan ta run this center.
- Steve Gibsan added that they are laaking at the space previausly accupied by Statlander's Pharmacy an 18th. It will take three ta six manths ta camplete a fit-aut and be apen ta the public. They are laaking at ather ways af interacting with the public in the meantime; perhaps interim lacatian, a baath at Castra Street Fair, but nat Gay Pride, which is taa saan.
- Ellen Galdstein stated that in the last raund af funding the HPPC recammended praviding a shallaw rent subsidy far CBOs if there was maney left aver after the faur priarities listed -- there wasn't.
- A meeting will be called af the time-limited fund allacatian cammittee as mentianed by Steven Tierney. Members wha signed up far that will be infarmed. Absent members shauld cantact Tracey Packer if they are interested in participating in this cammittee.

Thamas Knable and Tae-Wal Stanley, At-Large Steering Cammittee members, extended an invitatian ta Cauncil members ta attend Steering Cammittee meetings. Cauncil members are alsa asked if there are issues that they wauld like the Steering Cammittee ta address ta see either Thamas ar Tae-Wal.

Tomas Radriquez af the CDC made a presentation to the Council:

- The Community Planning Guidance and Health Department Applicatian which was written around 1994 is being updated with a view ta simplificatian. They have had cansultations in LA and Atlanta. Steven Tierney and Edd Lee attended the LA sessian.
- Next year is the last year in the five-year cycle far Health Department Application.
- The CBO direct funding will be re-bid over the next year and a half. There will be a merging af all af thase CBO direct-funded annauncements. (A) will prabably be HERR, (B) will be counseling and testing , (C) will be Cammunity Caalitian Develapment. There will be consultatian meetings araund the cauntry; Miami, New York, Chicaga. Anaheim will be after the US Conference an AIDS in September.
- Supplemental Funding af about $5 millian far all Health Departments will be available this year and hapefully will be aut by June 2002.
- New guidance about web sites develaped within CDC funding will be coming aut soon and will include requirements web sites state language like 'This site contains HIV messages which may not be apprapriate for all audiences.'

In response to questians, Edd Lee clarified that Tomas Rodriquez is the "Project Officer" from the CDC ta the SFDPH and thru HPPC..

Michael Discepala asked if there is a preliminary indicatian an haw much Supplemental Funding HPPC should anticipate. Steven Tierney respanded that it was prabably based on the old formula but we are not sure. Tomas Radriquez agreed that the sum is nat yet set.

Hank Wilsan asked haw Council members should communicate with Tamas Radriquez. Tamas explained that it wauld be best ta direct cammunicatians thraugh the Cammunity Ca-Chairs, ar directly to him by email (trr0@cdc.gov).

Lyn Fischer asked if HIV and STDs initiatives wauld be allawed. Steven Tierney stated that in the previaus Guidance it was permissible ta fund STD screening and pravisian af services with HIV designated funds, that SF has nat dane this, and that he believes the language in the new Guidance will cantinue ta allaw this funding.

<u>Cammunity Ca-Chair Electian</u>:
The election is far a six manth term cammencing in July ta camplete the term af Janetta Jahnsan. There were twa naminatians: Armel Cracker and Gwen Smith. Capies af letters from the candidates were pravided as handouts. Gwen Smith, wha was present at the meeting, addressed the Cauncil and the letter from Armel Cracker was read in his absence.

Steven Tierney stated that althaugh Gwen is an emplayee af the Sautheast Health Center, which is part af the DPH, if elected she would nat represent that organizatian. The by-laws state that

Cammunity Co-Chair candidates can work for DPH as long as they are not within the divisian af Cammunity Health Pramatian and Prevention nar the HIV Preventian Sectian.

Vate was taken and Gwen Smith was elected. She responded, "I will try ta keep us an aur mission and gaals."

Steven Tierney asked that the Council thank Armel Crocker for putting himself farward far a leadership pasitian. He acknawledged Janetta Johnson, who vacated the pasitian, for all her hard wark as a Cammunity Ca-Chair.

Presentatian af Facus Graup Results: Stephen Morin, Ph.D.
Stephen Marin af the AIDS Policy Research Center af UCSF presented an overview of findings fram the Facus Graups.

The Praject was funded by the SFDPH. The impetus far this study came fram the 2001 Cansensus Meeting which abserved that the incidence of HIV among MSM was trending up while incidence amang IDU was flat; new infectians nearly daubled between 1997 and 2001

The first twa Facus Graups were with HIV positive men, the second two with HIV negative men, and the final part was sera-diverse graup af men. Recruitment was fram thraughaut SF, with aver emphasis an the Castra and Tenderlain neighbarhaods as well as amongst MSM of calor. Average age of participants was between 35-44, which is the same mean age as in SF in general; likewise with educatianal levels.

An attempt was made ta keep the questians discussed focused on what was perceived as going an naw that wasn't going in '97-'98. Traditional quantitative data analysis was utilized and transcripts af the Facus Graups were analyzed by software and interpreted by independent analysts.

They faund that same af the issues identified are nat new: Denial, Inevitability af infectian, Cammadificatian af HIV, Laneliness and Law Self-Esteem, Sacial Pawer Imbalance, and Drug Use - particularly Methamphetamines. There was, hawever, na agreement as ta whether drug use has increased aver the past few years.

Facus Graup participants nated the fallawing things as having changed: Decrease in Perceptian af HIV Threat, Decrease in Cammunicatian abaut HIV, and a Shift in Cammunity Narms. The HIV negative men tended ta talk abaut HIV as a 'Chranic Manageable Disease. They alsa nated that there has been a reduction in the visual reminders such as seeing people with KS lesions. Participants expressed an aptimistic view regarding treatment aptians. Same African-American participants alsa stated a belief that a cure exits but is being withheld far ecanamic reasans.

There was discussion in the Facus Groups abaut the mixed messages pharmaceutical ads present and the averall lack af attentian HIV gets in the media.

There was no agreement in the groups about the value of disclosure of status with sexual partners.

A trend was noted relating to participation in unprotected sex and the Internet. Unprotected sex is now seen as a legitimate option, whereas it wasn't before, and is viewed as a common practice.

The study examined five messages and asked the participants to rank them. The message, "Talk to Your Friends About HIV" was the most preferred while messages promoting Safer Sex as the social norm or those encouraging condom use were the least preferred. Other messages included: A targeted message counteracting pharmaceutical company ads; A targeted message informing people that infection rates are rising; A message intended to emphasize the negative effects of HIV medications; and A message promoting Safer Sex.

Conclusions:

* Social Support systems are critical to maintaining a commitment to reduced risk
* Direct Safer Sex messages do not have the same appeal as motivational themes
* Community level motivation has great appeal
* Better information about the increase in the rate of infection is important

Steven Gibson noted that the most surprising thing he observed at these Focus Groups was how much people appreciated the opportunity to talk about HIV again.

Tae-Wol Stanley asked what was discussed relating to disclosure with sexual partners. Stephen Morin said that some of the HIV positive men said that if they didn't have unsafe sex they didn't need to disclose their status; some of the HIV negative people said that it is their responsibility to ask, but that they can never be sure the response is honest.

Steven Gibson asked if the view that younger men seem to be in denial comes from younger men, or older men. Stephen Morin stated that while denial is commonly discussed as a problem among young men, the statistics show that the rates of increase are largest amongst men in their 30's.

Paul Harkin asked for clarification on the "Commodification" issue. Stephen Morin stated that there is a view, particularly among the very poor, that one qualifies for more programs if one is HIV positive. Israel Nieves-Rivera pointed out that many of the people who participate in needle exchange are very poor, but continue to participate to avoid infection.

Marcel Miranda asked about the participants in the Focus Groups. Stephen Morin said that all participants had to be over 18, living in SF, sexually active, and they had to have had anal sex with two or more people in the past six months; but we did not ask them to talk about what they had been doing sexually. Marcel said that it might be helpful to find out what sexual activities they have been engaging in, and asked if transcripts would be available. Steven stated that they would be.

Marcel commented on the various visual messages shown that the white people looked happy, whereas the brown and black people did not. Stephen Morin said that not all of the images discussed at the Focus Groups were presented to the Council and that others show happy people of all races.

Chata Ashley asserted the "bottom line" is about gay men taking responsibility for high-risk activity, and asked how do we get them to do so? He also asked how do we open up serious communication on this topic, particularly among gay men 30-40 years old? Stephen Morin stated that research shows that community intervention has a positive effect and that a public relations campaign could stimulate more discussion.

Michael Discepolo stated that people not seeing HIV as urgent is a large part of what we are combating. He noted that bare-backing has negative connotations, and questioned if the Focus Groups talked about the value of intimacy and unprotected regular sex between men. Stephen Morin responded that there was a lot of talk about the importance of intimacy, but that there were no agreed upon definition of sex. Michael stated that discussion about intimacy and unprotected sex among men, particularly when it is done in a way to reduce risk, is an option that should be discussed.

Israel Nieves-Rivera asked what was the size of the Focus Groups and was told it was 55. He stated that he is uncomfortable basing a message on so small a sample, particularly addressing the economic issues as cofactors. He stated that AGUILAS had just done a Focus Group with HIV positive Latino men who examined message ads regarding HIV services and found that these men support the messages but don't want them targeted to them. How do we develop an ad that addresses the issues without offending? Stephen Morin stated that the ideal size for a Focus Group sample is 50-60, that the individuals who took part generally agreed on most things. They may have to do more studies for specific cultural contexts, but believe the messages in his presentation cut across ethnic groups.

Yvette Funder stated that there are many people involved in HIV prevention education who regularly practice unsafe sex. She asserted that it would be valuable to get these people's view on messages and to ask, "Would the message change your behavior?"

Janetta Johnson stated that prevention is largely a mental health issue, to which Stephen Morin agreed.

Edd Lee stated that in the future we should endeavor to have printed materials available when presentations such as this are made. Tracey Packer asked members to contact her for copies of the presentation.

<u>Research Committee Update</u>:
Hank Wilson stated that the Research Committee is open to and looking for community members.

Israel Nieves-Rivera and Hank Wilsan handed aut capy af their presentatian. The handauts are enclased far absent members.

The cammittee prapases requesting research presenters ta pravide a ane-page abstract af their wark. Matian was made and secanded ta accept the cammittee's Task 1 plan. Friendly Amendment was prapased ta include a research disseminatian and publicatian plan, if they have ane. Discussian fallawed:

- Lyn Fischer asked abaut the dacumentatian HPPC wauld require at time af presentatian. Steven Tierney stated the prapasal was far a ane-page abstract which wauld include the researchers' cantact infarmatian sa that members can separately ask far mare in-depth dacumentatian.
- Steve Gibsan asked if the plan presents an abstacle far researchers because it might ask far written material priar ta publicatian af the research findings. Israel respanded that the recammendatian requires anly the ane-page abstract, as the full research may nat be available.
- Steve alsa asked if the plan precludes small research prajects. Israel stated that the plan is ta address (farmal) research prajects and that ather infarmatian gathering wauld be best handled by anather cammittee.
- Tae-Wal Stanley stated that it was impartant ta all eight elements af the prapased plan, as amended.
- Hanks Wilsan stated that the terms in this plan were braad enaugh sa as nat ta cause an undue abstacle ta researchers.
- Marcel Miranda painted aut that the plan "asks" presenters ta pravide the infarmatian; if they are nat able ta da sa the Ca-Chairs shauld indicate what infarmatian they must pravide.

Marcel Miranda, wha matianed far the plan ta be accepted, accepted the Amendment. The Amendment was vated and passed. The plan was vated and passed by cansensus.

Israel Nieves-Rivera explained the Cammittee's Task 2: the research inventary is limited ta the past five years ta limit the valume af the inventary, after that a Gap Analysis wauld be canducted ta determine what ather research is required, and then make recammendatians far such research.

Hank Wilsan discussed the Cammittee's Task 3: asking far a matian fram the Cauncil that if research is canducted utilizing CDC preventian dallars that it carry a letter af cancurrence fram the HPPC (the Research Manifesta). Jahn Newmeyer painted aut that the Cammittee is aware that the letter af cancurrence may be slaw in caming, whereas the applicatian pracess is fast.

Questians and camments ta the Cammittee fallawed:

- Michael Discepala asked which saurces af data are expected ta be included in the inventary. Israel stated that the list included in the presentatian is anly indicative and cauld be added ta. Michael asked that Stap AIDS and the AIDS Health Praject be added ta the list af saurces.
- Michael alsa asked if a letter af cancurrence was beyand the purview af the Cammittee. Chata Ashley stated that it was within the purview af the Cauncil. Steven Tierney said that a letter

of concurrence from the local CPG is required if the research uses CDC funding, although the CDC sometimes separately funds research. He asserted that the Research Manifesto is a way of saying to the CDC that we want them to enforce their own regulations, that funding in SF is based on the SF Plan.

- Steve Gibson asked if other Bay Area research was to be included. Steven Tierney said that if the research was funded by CDC the Manifesto would apply. Israel said that the purpose is so that the Council knows what funded research is being conducted.
- Lyn Fischer commented that we should narrow what research is being inventoried. She also stated that the Research Manifesto's scope should relate only to the application for CDC HIV prevention dollars. Israel responded that the inventory and Manifesto are so limited.
- Chata Ashley pointed out that the Committee needs a way to communicate with the Native American AIDS Project for its research. Edd Lee asked him to bring this issue directly to the Research Committee.
- Hank Wilson added that in special circumstances we might include research in the inventory that goes beyond the five years scope and that the spirit of the inventory is to include published and unpublished research.

Steven Tierney moved to accept the Research Committee's report. Tae-Wol seconded the motion. There was no further discussion. The motion was passed without objection or abstention.

Population Assessment and Trend Analysis (formerly the Emerging Populations) Committee Update:
Thomas Knoble and Tae-Wol Stanley made a presentation. The handouts are enclosed for absent members.

The Committee is currently working on identifying populations with emerging incidence/prevalence via community input. To identify such groups they have developed a Community/Provider Survey that will be sent to prevention agencies for input. The Council members participated in this process by breaking into small groups and completing Surveys.

Cooperative Agreement Update:
Since there was not sufficient time to break into small groups, as indicated on the agenda, Tracey said that the Council input would be obtained via e-mail. Charles Klein and Tracey Packer made a presentation:

Tracey Packer gave an overview of the HPPC Planning Cycle. She stated that we are currently beginning the process of writing the Cooperative Agreement application to CDC for 2003, which will be submitted in September. The application will be based on the 2001 HIV Prevention Plan.

Charles Klein discussed the CDC Cooperative Agreement, explaining that this is the framework for all of our CDC funded activities. He provided an overview of what the grant application includes.

Six manths after submitting the applicatian far the next year we have ta submit a review af what happened the previaus year. Members can get a capy af what was recently turned in.

Charles explained that gaals are very braad and that there are anly faur af them. Objectives are specifics needed ta accamplish the variaus Gaals; there are 150 af them. Activities are haw we intend ta accamplish the Objectives. Help is needed fram Cauncil members in facusing the Objectives and Activities far 2003. Paperwark was pravided ta each Cauncil member reviewing specific BRPs. Similar paperwark addressing specific BRPs were e-mailed ta absent members.

Charles pravided graphical infarmatian an the Number af Pragrams by BRP and the Gaals by BRP.

Chata Ashley asked if members can delete ar add ta the abjectives. Tracey respanded that members shauld let staff knaw if there are amissians, while the Objectives are fram the Plan we dan't want ta be static and need ta respand ta changes in the epidemic. Alsa, if a member wauld like ta priaritize abjectives far ather than the anes assigned ta them, ta please let staff knaw.

Meeting adjaurned at 5:57 PM
Minutes prepared by David Weinman
Minutes reviewed by Tracey Packer and Edd Lee

Reminder: **The next HPPC meeting will be held an Thursday, July 11, 2002, 3:00-6:00 PM at City Hall, San Francisca.**

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Agenda

HIV Prevention Planning Council Meeting
July 11, 2002
Mayor's Conference Room, Room 201
City Hall, San Francisco

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Agenda

Meeting called by Co-Chairs: Edd Lee, Gwen Smith, and Steven Tierney

3:00 pm	**Food, Welcome, Introductions, Announcements**	**Edd Lee**
3:15 pm	**Review and Approval of Minutes of May 9, 2002** *VOTE*	**Gwen Smith**
3:20 pm	**General Public Comment**	**Edd Lee**
3:30 pm	**Member Response to Public Comment** Objective. To hear the comments of members of communities on matters relevant to Council business.	**All**
3:35 pm	**New Business: Member Input to the Parking Lot** Objective. To suggest topics for the HPPC to discuss on future agendas. Members vote to add items to the Parking Lot. *POSSIBLE VOTE*	**Gwen Smith**
3:45 pm	**HPPC Co-Chairs/Steering Committee Report** Objectives. 1. To ensure that HPPC members are aware the activites of the Community Co-Chairs, the HIV Prevention Director, the Steering Committee, and the HIV Prevention Section. 2. To approve revisions to the HPPC Attendance Policy 3. To announce a call for nominations for the Community Co-Chair position 4. To hear about ideas for CDC supplemental funding *VOTE*	**Edd Lee**
4:10 pm	**Presentation of the 2003 Cooperative Agreement Application:** Objective. To discuss the 2003 Cooperative Agreement application to CDC for prevention funding *POSSIBLE VOTE*	**Charles Klein and Tracey Packer**
4:40 pm	**Break**	
4:55 pm	**Population Assessment and Trend Analysis Committee Update** Objective: To receive an update on the work of the committee and the plan for the second six months of the year.	**Jenn Kaufman and Armel Crocker**
5:20 pm	**Presentation from the Transgender Advisory Group: History and Future Directions** The mission of the Transgender Advisory Group is to provide guidance to the HPPC and the AIDS Office in an effort to improve services and research for the transgender community.	**Transgender Advisory Group**
5:40 pm	**Appreciation of Work of Retiring Members**	**Gwen Smith**
5:50pm	**Comments from the Outgoing Community Co-Chair**	**Edd Lee**
5:55pm	**Closure and Evaluation**	**Edd Lee**
6:00 pm	**Adjournment**	**All**

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UPCOMING HPPC MEETINGS:
Membership: Thursday, **August 8,** 3:00 – 4:30 PM, 25 Van Ness Avenue, Suite 710
Community Liaison: Thursday, **August 8,** 2:00 – 3:30 PM, Field Trip to Treasure Island
Research: Thursday, **August 8,** 4:30 – 6:00 PM, 25 Van Ness Avenue, 330A
Full Council: Thursday, **September 12,** 3:00 – 6:00 PM, TBD Bayview Hunters Point Neighborhood

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HPPC PARKING LOT
2002

Updated STD presentation
Discussion of prevention case management (PCM) specifically for transgender MTF
Discussion of youth and STDs in relation to HIV.
Discussion on Poppers and MSMs in SF

revised

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HIV Prevention Planning Council Meeting
July 11, 2002
Mayor's Conference Room, Room 201
City Hall, San Francisco

Agenda

Meeting called by Co-Chairs: Edd Lee, Gwen Smith, and Steven Tiemey

3:00 pm	**Food, Welcome, Introductions, Announcements**	**Edd Lee**
3:15 pm	**Review and Approval of Minutes of May 9, 2002** *VOTE*	**Gwen Smith**
3:20 pm	**General Public Comment**	**Edd Lee**
3:30 pm	**Member Response to Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**All**
3:35 pm	**New Business: Member Input to the Parking Lot** Objective: To suggest topics for the HPPC to discuss on future agendas. Members vote to add items to the Parking Lot. *POSSIBLE VOTE*	**Gwen Smith**
3:45 pm	**HPPC Co-Chairs/Steering Committee Report** Objectives: 1. To ensure that HPPC members are aware the activities of the Community Co-Chairs, the HIV Prevention Director, the Steering Committee, and the HIV Prevention Section. 2. To approve revisions to the HPPC Attendance Policy 3. To announce a call for nominations for the Community Co-Chair position. 4. To hear about ideas for CDC supplemental funding. 5. To hear a proposal from the Bristol-Myers-Squibb/San Francisco HIV Initiatives Working Group *VOTE*	**Edd Lee**
4:10 pm	**Presentation of the 2003 Cooperative Agreement Application:** Objective: To discuss the 2003 Cooperative Agreement application to CDC for prevention funding. *POSSIBLE VOTE*	**Charles Klein and Tracey Packer**
4:40 pm	**Break**	
4:55 pm	**Population Assessment and Trend Analysis Committee Update** Objective: To receive an update on the work of the committee and the plan for the second six months of the year.	**Jenn Kaufman and Armel Crocker**
5:20 pm	**Presentation from the Transgender Advisory Group: History and Future Directions** The mission of the Transgender Advisory Group is to provide guidance to the HPPC and the AIDS Office in an effort to improve services and research for the transgender community.	**Transgender Advisory Group**
5:40 pm	**Appreciation of Work of Retiring Members**	**Gwen Smith**
5:50pm	**Comments from the Outgoing Community Co-Chair**	**Edd Lee**
5:55pm	**Closure and Evaluation**	**Edd Lee**
6:00 pm	**Adjournment**	**All**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:
Membership: Thursday, **August 8,** 3:00 – 4:30 PM, 25 Van Ness Avenue, Suite 710
Community Liaison: Thursday, **August 8,** 2:00 – 3:30 PM, Field Trip to Treasure Island
Research: Thursday, **August 8,** 4:30 – 6:00 PM, 25 Van Ness Avenue, 330A
Full Council: Thursday, **September 12,** 3:00 – 6:00 PM, TBD Bayview Hunters Point Neighborhood

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HPPC PARKING LOT
2002

Updated STD presentation
Discussion of prevention case management (PCM) specifically for transgender MTF.
Discussion of youth and STDs in relation to HIV.
Discussion on Poppers and MSMs in SF

— San Francisco

HIV PREVENTION PLANNING COUNCIL

Action Minutes

July 11, 2002

2

1/02

The next HPPC meeting will be held on **Thursday, September 12, 2002**
3:00 - 6:00 p.m.
Bayview Opera House, San Francisco

Members Present
Chata Ashley
Ari Bachrach
Gayle Burns
Armel Crocker
Michael Discepola
Lyn Fischer
Steve Gibson
Robert Gomez
Paul Harkin
Janetta Johnson
Jenn Kaufman
Thomas Knoble
Edd Lee
Marcel Miranda
John Newmeyer
Israel Nieves-Rivera
Deborah Oliver-Wilson
Ken Pearce
Rebecca Rodriguez
Gail Sanabria
Mike Schement
Gwen Smith
Tae-Wol Stanley

Members Absent
Teresa Betancourt
Erick Brown
Rev. Yvette Flunder
Ed Gallagher
Amber Gray
Michael Meehan
Steven Tierney
Hank Wilson

Harder + Co.:
Dara Coan
David Weinman

Process Evaluation Team
Kathleen Roe
Kevin Roe

Guests
Hasan J Cohen, Ind HIV/HCV Health Educator
Mike Granado, SFCC
Anthony Gerard, SFCC
Prado Gomez, Proyecto
Dredge Kang, APIWC
Chris Lymbertos, SWANAQ
Mark Massoud, SWANAQ
Mazdak Mazarei, SWANAQ
Ronald Pineda, APIWC
Maher Sabry, SWANAQ
Kenya Taylor, SFC
Chris Gomora, Native American AIDS Project

HIV Prevention Section:
Betty Chan Lew
Carla Clynes
Charles Klein
Eileen Loughran
Tracey Packer
Lisa Reyes

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Meeting called to order at 3:00 PM by Edd Lee.

Food, Welcome, Introductions, Announcements:
Edd Lee chaired the meeting.

Announcements:

- Michael Discepola told members of the "Art for AIDS" fundraiser, 7/12/02, to benefit AHP
- Robert Gomez announced that there is an HPPC membership drive in place
- Gayle Burns announced that HPPC is having its "Diversity Training / Cross Cultural Training" on 9/26/02 at Bill Graham auditorium
- Lyn Fischer distributed posters and other giveaways regarding the new STD awareness campaign, "Healthy Penis 2002." People wanting more for their agencies should call her or Larry Hanbrook at 554-8468.

- Steve Gibson announced that next week, or the week after, the "Daily Show" (Comedy Central) will air an interview with Steve Gibson, Les Pappas, and Mike Shriver, Mayor Brown's AIDS Advisor regarding the "Healthy Penis 2002" project.
- Betty Chan Lew read an e-mail from Ed Gallagher who sent his regrets for not being able to attend the meeting and his thanks for the support received from Council Members.
- Edd Lee announced that Steven Tierney is away.
- Jenn Kaufman announced that she has resigned effective at the end of this month, she is moving to Chicago to start a graduate program in Non-Profit Management. This is a two-year program. She may return to San Francisco upon completion of the program.
- Chata Ashley will be gone from 7/24 – 9/1 at a summer camp for children with AIDS

Review and Approval of March 14, 2002 Minutes:
The minutes were approved by consensus.

General Public Comment:
Each of the following speakers were given three minutes to make Public Comment.

Mazdak Mazarei representing South West Asian/North African Queers (SWANAQ)
- SWANA people are an ignored population
- Funding is based on need, but determining the need is obscured because this population is statistically considered part of the "white" ethnic group
- He advocated for research on the prevalence of HIV in this community
- There has been no research into this population, other than a study in Detroit
- He passed out an information sheet entitled, "Who Are We?" a copy of which is provided for absent Council Members.
- Edd Lee reminded the council that Mazdak Mazarei is a former Council Member.

Maher Sabry, SWANAQ
- There are many misconceptions about sex and HIV in the whole SWANA community
- The population, including those from northern African, is not considered "African" but rather "white" and therefore tends to be ignored.
- He added that this community doesn't have a lot of resources.

Chris Lymbertos, SWANAQ
- The SWANA community doesn't know how to address HIV issues, particularly in those families with social taboos regarding sexuality.
- She asks that the Council recognize the special needs of this population, and hopes this community will be included in some of the work being done for specific ethnic groups.

Mark Massoud, SWANAQ
- Presentations at the International AIDS Conference in Barcelona indicate that the pandemic is waiting to escalate in the Middle East; particularly Egypt and Jordan. People aren't getting treated or tested because of the stigma attached.

- HIV prevention and education information isn't being translated into either Farsi or Arabic.
- Although it receives little attention, HIV exists in the SWANA community and he asked the HPPC to help raise awareness.

Dredge Kang, APIWC

- Seeks the HPPC's endorsement of APIWC's opposition to the "Racial Privacy Initiative."
- The initiative prohibits collection of racial information.
- The public health implications include the masking of disparities between affected populations.
- He left information with the Co-Chairs.
- Edd Lee pointed out that Dredge Kang is a former Co-Chair of HPPC.

Edd Lee thanked the community members present and indicated that their continuing participation needn't involve joining the Council and that they are welcome and encouraged to attend meetings of committees as well as the Council. He indicated that it is important to find out how HIV is impacting various communities. He also said that he would bring up Dredge Kang's proposed endorsement at the next Co-Chairs meeting 7/18.

New Business: Members Input to the Parking Lot:

HPPC PARKING LOT
2002

Updated STD presentation
Discussion of prevention case management (PCM) specifically for transgender MTF.
Discussion of youth and STDs in relation to HIV.
Discussion on Poppers and MSMs in SF

Gwen Smith asked if there is input to the 2002 HPPC Parking Lot. None was offered.

HPPC CO-Chairs/Steering Committee Report

1. **To ensure that HPPC members are aware of the activities of the Community Co-Chairs, the HIV Prevention Director, the Steering Committee, and the HIV Prevention Section.**
   A written report of the Committee was distributed, a copy of which is enclosed for absent members.

2. **To approve revision to the HPPC Attendance Policy.**
   Edd Lee introduced proposed changes to the Council's Attendance, Leave of Absence, and Member Dismissal and Resignation due to Absenteeism policy (the Proposed Revised Attendance Policy), copies of which were passed out and enclosed for absent Members.

Tracey Packer provided highlights of the Proposed Revised Attendance Policy:

- Allows five absences from Council and/or Committee meetings
- Allows no more than two consecutive absences
- Sixth absence, or third consecutive absence to result in dismissal
- Does not distinguish between Committee and Council meetings
- Does not distinguish between "excused" and "unexcused" absences
- Co-Chairs to contact Member after missing three meetings

Questions or comments –

Israel Nieves-Rivera pointed out that if one is out of town or unavailable for a month the Member would easily miss two consecutive meetings

John Newmeyer questioned if it is five absences in a year, when would the proposed policy commence? Tracey Packer indicated that, if approved, it would begin at the next full council meeting.

Tae-Wol Stanley asked if there was an appeal process for special circumstances. Tracey Packer indicated that special circumstances are to be handled by the Co-Chairs, which is outlined in the policy.

Janetta Johnson asked if absences include leave of absences for health reasons. Tracey Packer said that it does not. Janetta also asked if the proposed policy provide a "clean plate." Edd Lee said that the proposed policy could be amended to include that.

Chata Ashley asked if absences due to work commitments are to be excused. To accommodate this, Chata Ashley offered a friendly amendment to change the Proposed Revised Attendance Policy from two to three consecutive absences. Tracey Packer pointed out that the change would take care of absences due to work-related travel.

Robert Gomez pointed out that the Membership Committee meets once a month. Edd Lee indicated that the Co-Chairs would take the frequency of the meetings into account.

Thomas Knoble asked if one should take a Leave of Absence to deal with the issue of being absent for a month, or more. Tracey Packer responded that it might be a burden if everyone were to put in for a Leave of Absence if they were going to be gone for a month.

Janetta Johnson asked if an absence should count if one were gone due to an HIV prevention related event. She suggested the proposed policy be amended.

Armel Crocker moved to accept the Attendance, Leave of Absence, and Member Dismissal and Resignation Due to Absenteeism proposal. The motion was seconded.

Israel Nieves-Rivera proposed two Friendly Amendments:

1. Allowable consecutive absences be changed from two to three
2. Nonattendance due to HIV prevention or AIDS related work shall not count as absences

Armel Crocker accepted the Friendly Amendments.

Ari Bachrach asked what for the definition of HIV prevention or AIDS related work.

Mike Schement pointed out that the Co-Chairs wouldn't kick members off the Council if they are doing reasonable work.

Janetta Johnson stated that the intention was to be sure that people going to conferences relating to HIV prevention, and the like, are not penalized.

Robert Gomez stated that there would be, and should be, a good deal of discussion before asking a Member to leave the Council.

Marcel Miranda stated that excluding HIV related work may be too much of an exclusion and urged the Council not to accept that amendment.

Edd Lee called the question: Shall the policy as distributed with Amendments be the attendance policy of the HPPC? The motion passed by a roll call vote conducted:

Yea	19
Nay	2
Abstain	1

3. **To announce a call for nominations for the Community Co-Chair Position.**
Edd Lee asked for nominations to take over the Co-Chair position, as his term ends with this meeting. The term will go for a year and a half. Chata Ashley nominated himself and Tae-Wol Stanley nominated Israel Nieves-Rivera; both candidates accepted nomination. Vote will be August 8th between 4:30 and 5:00 PM, at 25 Van Ness, attendance is required to vote.

4. **To hear about ideas for CDC supplemental funding.**
Tracey Packer explained that in May the CDC announced two grants available to the HPPC, a handout was provided and is enclosed for absent members.
   - Part One is for $80,251, an amount added to base funding, and must be spent by the end of this year
     - ⇨ Added to HPPC's funds this year and on-going
     - ⇨ Must include prevention programs for HIV positives, including needs assessment
     - ⇨ Steering Committee came up with a plan to work with the HIV Prevention Section and the Health Services Planning Council

- ⇨ This grant would identify organizations trying to do prevention work with Positives but without the funding to do so.
- Part Two is for $293,240, and is a one-time grant and must be spent (allocated) this year
  - ⇨ This can be spent for other priorities
  - ⇨ Steering Committee prioritized the Systems Capacity Assistance by Neighborhood (SCAN) starting with Bayview and the Tenderloin, but may include a third depending upon time and resource availability
  - ⇨ SCAN would examine what assets, resources and services exist and what is needed

Motion was made and seconded to accept the Steering Committee's recommendation for utilization of these grants. Discussion followed:

Israel Nieves-Rivera asked if the Castro would be the third neighborhood. Tracey Packer responded that this had been discussed and that the Steering Committee believes the resources are sufficient to include this neighborhood.

Armel Crocker asked what SCAN is. Tracey Packer responded that it is an assessment process including interviews, surveys, inventories and a needs assessment, and that it probably would involve utilizing a consultant to perform.

Mike Schement stated that when there are discussions regarding supplemental funding that the whole Council should be notified. He also asked what the $290K would do in these neighborhoods. Edd Lee responding saying that the money for SCAN would look at finding better ways to utilizing the resources available, including analysis of existing services as well as coordination service providers. The first two neighborhoods were chosen because it is believed that they are either under or over served and would benefit in efficiency from a coordination of the existing services.

Mike Schement asked how that analysis is going to aid in provision of HIV prevention services. He also stated that that PA/TA Committee might be involved in helping identify under-served communities. Edd Lee indicated that the time constraints on these grants required action, which the Steering Committee took. He also stated that SCAN is like a Gap Analysis, Needs Analysis, or Resource Inventory which once compiled should aid the HPPC in allocating resources.

Michael Discepola asked if the $293K was going to be completely used for the SCAN process, or if there is intention of using some of the money for implementing some sort of changes identified by the Gap Analysis. Tracey Packer responded that this is a one-time fund and there is only six months left to this year. She also stated that the intention is for the information from the SCAN process to be used by HPPC to set priorities; that while $293K is a lot the HPPC has a $10M budget to implement services.

Lyn Fischer stated that she thought that the PA/TA Committee handled Gap Analysis. She also indicated that the timeframe might not be realistic. Edd Lee responded that the Steering Committee did not go through all of the channels because they needed to be responsive to the funders so as not to miss the opportunity. Tracey Packer added that six months is not a reasonable timeframe to conduct the SCAN, but it should be sufficient to contract out the work. Lyn Fischer stated that while it is good to be responsive to the CDC they need to be more responsive to and reasonable with the Council.

Tae-Wol Stanley stated that the PA/TA Committee was well-represented at the Steering Committee meeting; he was there along with three other PA/TA members. He stated that he thought this was an appropriate use of $293K as current efforts are not working and an outside "Audit" is needed. He also asked if a SCAN was performed to set up Castro Guys. Charles Klein responded that it came out of a SCAN like process, although not as rigorous a process.

Steve Gibson indicated that he thought members needed more time to digest the Steering Committee's recommendation. Tracey Packer suggested a follow-up meeting in a week.

Israel Nieves-Rivera stated that by the end of the year Committees would have priority recommendations, that in the future when similar opportunities present themselves the Council will have a list of priorities to apply the funds to. He also indicated that the Steering Committee's recommendation, while rushed, included input from all of the various Committees.

Ari Bachrach asked:

1. How is a SCAN different than a Community Needs Assessment
2. What does SCAN include? Does it include services provided by non-HIV prevention service providers?
3. Does the Tenderloin neighborhood include Polk and the 6th Street Corridor?

Tracey Packer responded that a SCAN differs from a Needs Assessment insofar as it does not just look at deficiencies, but also inventories resources in place and coordination of services. As to the second question, she indicated that SCAN would include what the Council determines it needs to set priorities, including non-traditional prevention and co-factors existing in the neighborhood. Also inclusion of the 6th Street Corridor is something to be determined by the Council.

Marcel Miranda stated that he has faith in the Steering Committee to make quick decisions to take advantage of a funding opportunity. He also stated that information from the SCAN process would be a good means of advising agencies receiving funding of the effectiveness of their work.

Michael Discepola asked why these funds would not be directed to some of the ideas identified by the Bristol-Myer-Squibb initiative. He said that while he would support some of the money

going to SCAN ($50-80K) $290K is too much, particularly given the timeline. He suggested holding another meeting, in the near future, to discuss how the Council could use this money.

Motion was made and seconded to separate the $80K for prevention for Positive and $293K for SCANs. The motion passed with no opposition and one abstention.

Edd Lee called the question of accepting the proposed use of $80K grant to apply to prevention for positives. The motion passed with no opposition and one abstention.

Edd Lee called the question of the proposed use of $293K grant for the SCAN process. The motion was defeated by a roll call vote conducted:

Yea	6
Nay	10
Abstain	5

Motion was made and seconded to meet 3:00 PM, Thursday July 18th to discuss what the Council will do with the $293K, that the meeting is for people interested in making suggestions, and to make recommendations.

Edd Lee called the question. The motion passed with one vote in opposition and two abstentions.

Tracey Packer stated that staff will send out an e-mail reminder on this meeting.

Discussion of the Bristol-Myers-Squibb Funding

Lisa Reyes reviewed the eight initiatives proposed by the joint meetings of HPPC and CAPs, which require Council approval. The recommendations total $800K. A written copy is provided for absent Members.

Motion was made and seconded to accept the proposal.

Lyn Fischer stated that $30K is not realistic to implement the Bacterial STD Reduction. She moved to limit the program to the Bayview neighborhood by eliminating the words "and Castro" from the recommendation. The motion was seconded.

Edd Lee asked for comments on the motion, there were none. He called the question, and the motion to amend the proposal, striking the words, "and Castro" passed without opposition and with three abstaining votes.

Steve Gibson stated that he will abstain from the vote on the proposal due to a conflict of interest; but asked what the $100K in "Social Marketing" entails.

Steve Gibson then asked about the relationship between this proposal and the grant moneys from the CDC: are these parallels, and could the $293K be utilized by these projects? Edd Lee responded that the two projects have been discussed at the same time.

Mike Schement questioned the sufficiency of $30K for STD reduction. Tracey Packer responded that Jackie Siller from the STD Control came up with this budget to complete the project.

Gayle Burns was asked about the $150K for the Mental Health project, she responded that there are two components: early intervention with MSM and TG who had been subjected to sexual abuse as children. The funds will be used for incentives for existing programs and providers, and a case manager to coordinate this.

Edd Lee called the question. He repeated the motion: To accept the proposal for the use of the Bristol-Myers-Squibb funding. The motion passed without objection and with one abstaining vote.

Presentation of the 2003 Cooperative Agreement Application:
Charles Klein handed out a Draft of the Agreement Application, a copy of which is enclosed for absent Members. He pointed out that this is the way the HPPC get money from the CDC and pointed out highlights.

Charles Klein encouraged feedback directly to him by phone or e-mail at "Charles.Klein@sfdph.org" by Wednesday July 24th. The Cooperative Agreement will be discussed at the Steering Committee meeting 7/25. The vote on the Letter of Concurrence is to be voted on 8/8.

Charles provided an overview of how money HPPC gets from the CDC is spent. Most of the money goes to agencies, and of the eight PRPs the two prioritized by HPPC receive 71%.

Tracey Packer discussed the first draft budget. The budget for 2003 is based on the 2002 budget.

Tracey Packer reviewed budgetary line items and indicated that the budget will be submitted for approval at the meeting 8/8. Tracey Packer encouraged members to call or e-mail her if they have specific questions.

Population Assessment and Trend Analysis Committee Update:
Jenn Kaufman and Armel Crocker conducted an presentation, copies of which are provided for absent members. Included in the presentation was a review of the community survey conducted and the committee's proposed action steps. A feedback form regarding Action Steps 1 & 2 was handed out and is enclosed for absent members.

The presenters pointed out that the Action Steps are not "set in stone" and will continue to be worked on for the remainder of the year and that based on Council Members' input, the committee will update the specifics at the next Council meeting 9/12.

Presentation from the Transgender Advisory Group: History and Future Directions:
Representatives from the Transgender Advisory Group (TAG) provided an overview of the organization, a printout of this presentation is enclosed for absent members.

Carla Chynes provided background and history of the organization. The mission of the TAG is: "To provide guidance to the HPPC and the AIDS Office in an effort to improve services for the transgender community."

Tamika Gonzales from the Asian & Pacific Islander Wellness Center provided information on the Transgender Behavior Risk Assessment (BRA) which has provided information necessary to implement outreach to this community, conduct provider sensitivity and collect demographic data.

Prado Gomez of Proyecto discussed how the TAG originated, from CDC supplemental funds awarded to two agencies reaching transgendered individuals. The BRA verified and quantified what caseworkers needed, both about the risks as well as effective interventions. It also allowed them to write and receive grants. The BRA also highlighted the need for multi-language publications and forms.

Christopher Gomora from the Native American AIDS Health Project discussed some of the issues facing that community, including the difference in world-view between the Native American and general population. In way of example, Christopher has referred "two spirited" people for transgender services who have been turned away because they look as if they are identifying with a specific gender. Christopher also pointed out that there is significant cultural diversity within the Native American community itself.

Tamika (the first speaker) reviewed the next Steps for the TAG which are included in the printed materials handed out and enclosed for absent members.

Questions & Comments

Chata Ashley reiterated Christopher's experience regarding the complexities of the definition of what is transgender. He also commended the TAG for all of the work it has accomplished.

Appreciation of Work of Retiring Members:
Gwen Smith presented certificates to:

Jenn Kaufman
Deborah Oliver-Wilson, and
Edd Lee

Certificates will be sent to members not present:
Rev. Yvette Flunder
Ed Gallagher, and
Michael Meehan

Edd Lee spoke describing his as a "joyous experience" and an "incredible experience." He thanked members and staff and urged all to "stay engaged."

Chata Ashley sent kudos to Edd Lee for his, "intelligence, skills and presence" in the way that he conducted himself through many difficult situations.

Adjournment

Meeting adjourned at 6:01 PM
Minutes prepared by David Weinman
Minutes reviewed by Tracey Packer and Gwen Smith

Reminder: The next HPPC meeting will be held on Thursday, September 12th, 3:00-6:00 PM at the Bayview Opera House in the Bayview Hunters Point Neighborhood.

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8/02

HIV Prevention Planning Council Meeting
August 8th, 2002
4:30-5:30 PM
25 Van Ness Ave., Rm 330A
San Francisco

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Agenda

Meeting called by Co-Chairs: **Gwen Smith and Steven Tierney**

4:30 pm	**Welcome, Introductions, Announcements**	**Steven Tierney**
4:40 pm	**General Public Comment**	**Steven Tierney**
4:50 pm	**Member Response to Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business	**All**
4:55 pm	**Presentation of the 2003 Cooperative Agreement Application** Objective: To vote on a letter of concurrence with the 2003 Cooperative Agreement application to CDC for prevention funding. ***VOTE***	**Steven Tierney**
5:15 pm	**Community Co-Chair Election** Objective: To elect a Community Co-Chair for the remainder of the current term, August to December 2003. ***VOTE***	**Steven Tierney**
5:25 pm	**Trend Analysis and Population Assessment Committee** Objective: To vote on 2 populations with which to conduct needs assessments: South West Asian and North Africans (SWANA) and heterosexually-identified MSMs, with an emphasis on African American and Latino men. ***VOTE***	**Armel Crocker, Chair, Trend Analysis & Population Assessment Committee**
5:55pm	**Closure and Evaluation**	**Steven Tierney**
6:00 pm	**Adjournment**	**All**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:

Membership: Thursday, **August 8**, 3:00-4:30 PM, Suite 710
Research: Thursday, **August 8**, 5:30 – 6:30 PM, 25 Van Ness Avenue, 330A
Trend Analysis and Population Assessment: Thursday, **September 5**, 3:00-5:00 PM, 330A
Full Council: Thursday, **September 12**, 3:00 – 6:00 PM, TBD Bayview Hunters Point Neighborhood

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San Francisco

HIV PREVENTION PLANNING COUNCIL

Action Minutes

August 8, 2002

The next HPPC meeting will be held on **Thursday, September 12, 2002**
3:00 - 6:00 p.m.
Bayview Opera House, 4703 3rd Street, San Francisco

Members Present
Ari Bachrach
Teresa Betancourt
Erick Brown
Gayle Burns
Armel Crocker
Michael Discepola
Steve Gibson
Robert Gomez
Paul Harkin
Janetta Johnson
Thomas Knoble
Marcel Miranda
John Newmeyer
Israel Nieves-Rivera
Ken Pearce
Rebecca Rodriguez
Mike Schement
Gwen Smith
Tae-Wol Stanley
Steven Tierney
Hank Wilson

Members Absent
Chata Ashley
Lyn Fischer
Gail Sanabria

Harder + Co.:
Dara Coan
David Weinman

Process Evaluation Team
Kathleen Roe
Kevin Roe

Guests
None

HIV Prevention Section:
Betty Chan Lew
Eileen Loughran
John Melichar
Tracey Packer
Lisa Reyes

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Meeting called to order at 4:32 PM by Steven Tierney.

Welcome, Introductions, Announcements:
Steven Tierney chaired the meeting.

Announcements:

- August 8th is Co-Chair Gwen Smith's birthday; a cupcake was presented and members sang "Happy Birthday to Gwen."
- Robert Gomez reminded members of the upcoming Diversity Training, Thursday 9/26/02, 9:00 AM - 4:00 PM at the Bill Graham Civic Auditorium; attendance is recommended and participation by consultants is welcome. He asked that people RSVP to the e-mail that has been sent.
- Steven Tierney noted that this is an "extraordinary" meeting of the Council added to the regular bimonthly schedule. The meeting was called by the Co-Chairs to discuss: The 2003 Cooperative Agreement, the Community Co-Chair Election, and the Trend Analysis and Population Assessment (PA/TA) Committee's recommendation.
- Tracey Packer announced that there would be a raffle later in the meeting to see who would travel to the US Conference on AIDS on behalf of the HPPC.
- Steven Tierney stated that questions have been raised recently regarding the Council and the HIV Prevention Section's commitment to youth services. He is preparing a report for

the Council by the next meeting with details. He also indicated that the Council and HIV Prevention Section will spend more on youth services this year than before and that some programs were funded and others not depending upon scores on applications. He also stated that some social marketing reaching young people may take place in the near future as a result of a meeting with young people and their service providers earlier in August. Another such meeting is scheduled for 8/19/02, 3:00 PM at 25 Van Ness.

- Responding to a question, Steven Tierney indicated that youth is defined as being between 13 and 24 years of age. Hank Wilson stated that the meeting should be open to older people. Steven Tierney stated that the meeting is open to youth, as defined, and people working with that population.

- Marcel Miranda stated that the Community Liaison Committee is discussing a community meeting specifically to address the concerns of youth in February 2003.

- Israel Nieves-Rivera asked about the CDC visiting San Francisco Monday and Tuesday to audit the Stop AIDS Project, again. Steven Tierney stated that letters to Congress have generated a response from CDC to audit Stop AIDS as well as the San Francisco HIV Prevention Section relating to their Materials Review processes. He indicated that the auditors will be at 25 Van Ness on Tuesday 8/13/02.

- Hank Wilson asked when the next state wide HPPC is and was told that it will be held in San Francisco 8/27-28 at the Crown Plaza and that it is open to the public. Steven Tierney will send an e-mail announcement regarding this meeting.

- Steven Tierney asked for volunteers to monitor agencies' performance under contracts with HPPC. To qualify to perform this monitoring members may not be an employee of, contractor to, or competitor of the agency being monitored. He added this is not a large time commitment, involving approximately one hour to review the monitoring report and a visit to the agency. A sign-up sheet was passed around. Interested members not present should contact Steven Tierney.

General Public Comment:
There was no general public comment.

Member Response to Public Comment:
There was no member response to Public Comment.

Presentation of the 2003 Cooperative Agreement Application:
Steven Tierney and Charles Klein reviewed the 2003 Cooperative Agreement Application. Charles told the members that there have been no changes to the text of the Cooperative Agreement since being presented and reviewed by the Council in July. Steven Tierney reviewed the budget summary

passed out (a copy of which is enclosed for absent members). He pointed out that the priorities shown on the overview are as per plan. He asked if there were questions, none were raised.

It was moved and seconded that the Co-Chairs sign the letter of concurrence with the 2003 Cooperative Agreement application to the CDC. There were no objections to the motion.

The motion passed unanimously.

Community Co-Chair Election:
Two names were placed in nomination at the Council meeting 7/11/02: Chata Ashley and Israel Nieves-Rivera. Since that time Chata Ashley has withdrawn his name from consideration and no other nominations have been offered.

Motion was made and seconded to close the nominations. There were no objections to the motion.

Motion carried without objection.

Israel Nieves-Rivera stated that if elected he would do his best to represent the Council.

Chair asked if there were questions from the members. There were none. The question was called.

Israel Nieves-Rivera was elected unanimously.

Update from the Community Liaison Committee:
Erick Brown told the members that the next Council meeting, 9/12/02, will be held in the Bayview Hunter's Point neighborhood at the Bayview Opera House. He also told the Council that the Community Liaison Committee had taken a field trip earlier that day to Treasure Island; which may be the site of a future Council meeting. He stated that the purpose for meeting in neighborhoods is to encourage community members' participation. Eileen Loughran stated that there are lots of community organizations wanting to be involved.

Trend Analysis and Population Assessment Committee Report:
Armel Crocker and Thomas Knoble reviewed the Trend Analysis and Population Assessment (TA/PA) Committee's progress and proposed two motions. A copy of their presentation including the full text of the motions was handed out and is enclosed for absent members.

The Committee reported that it conducted a survey of service providers, as well as Council Members, to assess emerging populations; no clear trends were identified through this process. Therefore, the committee used the input from the surveys and its own investigation to identify two populations for needs assessment this year:

1. Southwest Asian and North Africans (SWANA), and
2. Heterosexually identified males who have sex with males.

The motions proposed relate to conducting needs assessments for these two populations. Discussion followed regarding those two motions:

Motion #1 - Conduct a needs assessment in 2002-2003 with the SWANA population... John Newmeyer asked if SWANA includes people from the Indian subcontinent, Tae-Wol Stanley said it does not, but is inclusive as far east as Pakistan.

Ken Pearce asked if the size of the affected population is known. Armel Crocker responded that this information is not known and is therefore part of the reason to conduct the assessment.

Hank Wilson asked what is the justification to look at this particular population. Armel Crocker responded that due to the presentation made by SWANA last month the Committee is aware the population exists, but very little is known about the HIV risk among it. Thomas Knoble added that the population is not tracked as a discrete item, but rather is added in with "white" population.

Hank Wilson asked if the population is geographically identifiable. Israel Nieves-Rivera noted that Hank Wilson missed the SWANA presentation in July. Armel Crocker added that the population is invisible due to culture and religion, but should be assessable with help of SWANA, and others.

Hank Wilson stated that there are other groups that may be more compelling, particularly as the size of this population is unknown. Armel Crocker responded that the TA/PA Committee is specifically charged with finding information on unstudied populations, and that anything developed would be completely new data. Thomas Knoble added that hopefully the Council's budget already accommodates addressing prevention issues for known populations.

Hank Wilson asked how much was budgeted for this study. Thomas Knoble said that $25,000 has been set aside to study for each of the populations to be studied.

Hank Wilson stated that he would rather the resources be put into studying the "crack-using" population.

Steven Tierney noted that Hank Wilson is providing guidance to the Committee, and that the Committee should discuss his suggestion in Committee, that Council meetings are not the best place to discuss the merits of advice and guidance. He reminded the Council that members had agreed to keep meetings short by delegating to Committees and trusting their work.

Erick Brown stated that he has difficulty with the Northern African population separating itself from the "Southern" African population.

Ari Bachrach asked who would conduct the proposed needs assessment. Dara Coan stated that the assessment would be designed by Harder+Co., in collaboration with the Committee and would utilize interviewers from the community; similar to the assessment performed for the men who have sex with transgendered MTF.

Janetta Johnson stated there are a lot of areas that could be studied, that the Council could spend money on, and that people engage in high risk activity due to mental health issues, which cuts across ethnic groups. She asked what the council could do to make mental health care more accessible.

Tae-Wol Stanley reminded the Council that no new trends or populations were identified by the survey recently run. He also noted that he and other Committee members were moved by the SWANA group's presentation in July. He also noted that it is particularly difficult to identify this population, which is what the Committee was charged with finding and studying.

Hank Wilson expressed concern with the way this population was chosen for study. He asked if other communities were asked to make presentation to the Council. He stated that he finds the process not to be an open one, and stated that the Council should not "rubber stamp" proposals from Committees. He also stated that there were a number of other populations who could greatly benefit from a $25,000 study.

- Dara Coan stated that needs assessment surveys went out to providers and service organizations, as well as Council Members, and no new populations were identified, other then heterosexually identified MSM -- the subject of the Motion #2.
- Steve Gibson also responded by stating that he believes the process was open and reminding him that if Members don't like the Committee's recommendation they should vote against it.
- Michael Discepola stated that SWANA was not invited to the July Council meeting, but rather addressed the Council with their concern of being under represented regarding prevention services.
- Ari Bachrach stated that the proposal is a response to stated community need and request and that information on "crack" as well as other identified populations can be obtained from other studies. He also noted that this study might cost less than the proposal in Motion #2.

Steven Tierney stated that Council members have their choices when considering the work of Committees. Vote yes to approve, vote no to send the motion back to the Committee and advise the Committee or its Chairs in writing (or in person) about your views. Committees welcome input to their decisions.

Tae-Wol Stanley called the question. There were no objections.

The motion was defeated by a role call vote of:

Yea	10
Nay	10
Abstain	1

The matter was therefore referred back to the Committee.

Motion #2 - Conduct a needs assessment in 2002-2003 with heterosexually identified males MSM...

Israel Nieves-Rivera asked how the Committee proposes finding heterosexually identified MSM.

- Dara Coan responded that this is a difficult population to reach, and the approach would need to be similar to that taken with men who are sexually active with MTF transgended individuals. She noted that there probably wouldn't be hundreds of such interviews.
- Steve Gibson added that colleagues of his have found heterosexually identified males who have sex with males by conducting interviews in Golden Gate Park.

Janetta Johnson stated that it will be difficult getting reliable information, as with the transgender community, heterosexually identified MSM will not readily come forward, or will say anything for the money paid to participate in a survey.

Steven Tierney recommended to the Committee and researchers to be mindful that this is not a "community." He also suggested collecting information on the kinds of sex the heterosexually identified MSM engage in other than anal receptive sex, since these activities are generally considered low risk.

John Newmeyer said that this is exciting research, particularly because this population exists in every culture throughout the world. He also cautioned that the Committee and researchers had to be "clever" in identifying members of this population.

Rebecca Rodriguez said that the Committee and researchers need to be very sensitive to cultural issues - particularly in the Latino community - relating to this sort of sexual activity.

Marcel Miranda thanked the Committee for this recommendation and stated that more information on this population is very important.

Rebecca Rodriguez said that the Committee needs to work out who is appropriate to interview different populations. Dara Coan stated that they will most likely hire community members to collect information, and that they will no doubt hire African American and Latino men.

Armel Crocker wondered if the comments had been applied to Motion #1 both would have passed.

Tae-Wol Stanley called the question. Chair asked if there were objections.

Hank stated that he "wholeheartedly" supports this proposal.

Janetta Johnson asked that the Committee make sure that people interviewed actually qualify, as they will most likely be dealing with people who will do anything for "a fix."

The motion carried by a role call vote of:

Yea	16
Nay	2
Abstain	3

Armel Crocker asked if the Council could review Motion #1, stating that the Committee has no more information on heterosexually identified MSM than on the SWANA population. Chair pointed out that if such a motion were made and passed it would reopen debate on the original Motion (#1).

Motion was made and seconded to reopen debate on Motion #1. There was no debate on the motion.

The motion was defeated by a hand vote of:

Yea	3
Nay	10
Abstain	8

The issue was referred back to the Committee to rework and possibly re-propose the motion to the Council.

Lottery to Attend US Conference on AIDS:
A lottery was conducted of Members present to determine who would represent the HPPC along with two Co-Chairs at the US Conference on AIDS in Anaheim. The attendees will be:

Michael Discepola & Thomas Noble

The alternates will be:

Armel Crocker & Hank Wilson

Adjournment
Meeting adjourned at 5:32 PM
Minutes prepared by David Weinman
Minutes reviewed by Tracey Packer and Steven Tierney.

Reminder: The next HPPC meeting will be held on Thursday, September 12th, 3:00-6:00 PM at the Bayview Opera House in the Bayview Hunters Point Neighborhood.

09-06-02 ... CVD

HIV Prevention Planning Council Meeting
September 12, 2002
Bayview Opera House (824-0386)
4705 3rd Street (Between Oakdale & Newcomb), San Francisco

Entrance to the building is through the parking lot at rear.

Muni Lines: 15, 44, 23, 19, 54, and 29

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Agenda

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	**Food, Welcome, Introductions, Announcements**	**Gwen Smith**
3:15 pm	**Moment of Silence in Memory of those Affected by the September 11, 2001 Tragedy**	**Gwen Smith**
3:20 pm	**Review and Approval of Minutes of July 11 & August 8** *VOTE*	**Gwen Smith**
3:25 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**Gwen Smith**
3:35 pm	**Member Response to Public Comment**	**All**
3:40 pm	**New Business: Member Input to the Parking Lot** Objective: To suggest topics for the HPPC to discuss on future agendas Members vote to add items to the Parking Lot. *POSSIBLE VOTE*	**Gwen Smith**
3:45 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To ensure that HPPC members are aware the activities of the Community Co-Chairs, the HIV Prevention Director, the Steering Committee, and the HIV Prevention Section. *VOTE*	**Gwen Smith**
3:50 pm	**Special Bayview Hunters Point Meeting** **-Introductory Remarks: Erick Brown, Bev Jackson, and Pat Norman** **-Overview of HIV/AIDS in the Community: Steven Tierney**	**Gwen Smith**
4:10 pm	**HIV Prevention Providers in the Bayview Hunters Point Community: Panel Discussion with Deborah Oliver Wilson (ICHO-Nia Project), Representative from the HIV Prevention Project, Elizabeth Davis, Neighborhood Health on Wheels and TBD.** **Questions for the Panel:** 1) What do you see as the HIV prevention issues in the community? 2) What does your agency do to address these issues? 3) What gaps do you see and what other services would you like to see available in the community to address them?	**Community Liaison Committee** **Question 1: Rebecca Rodriguez** **Q2: Marcel Miranda** **Q3: Teresa Bettancourt**
4:50 pm	**Break**	

5:05 pm	**HIV Prevention Providers in the Bayview Hunters Point Community: Panel Discussion continued.** 4) What role do you see for the HPPC and DPH as your community partners?	**Q4: Gwen Smith**
5:15 pm	**Discussion with Panel, Community Members, and HPPC members**	**All**
5:40 pm	**Informal Networking**	**All**
5:55pm	**Closure and Evaluation**	**Gwen Smith**
6:00 pm	**Adjournment**	**All**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:
Trend Analysis and Population Assessment: Thursday, **October 3**, 3:00-5:00 PM, 330A
Membership: Thursday, **October 10,** 3:00 – 4:30 PM, 25 Van Ness Avenue, 710
Research: Thursday, **October 10,** 4:30 – 6:00 PM, 25 Van Ness Avenue, 330B
Community Liaison: Thursday, **October 17,** 11:00 – 12:30 PM, Glide
Full Council: Thursday, **November 14,** 3:00 – 6:00 PM, Location TBD

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us.

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HPPC PARKING LOT
2002

Updated STD presentation
Discussion of prevention case management (PCM) specifically for transgender MTF
Discussion of youth and STDs in relation to HIV.
Discussion on Poppers and MSMs in SF

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9/12/02

HIV PREVENTION PLANNING COUNCIL

Bayview Opera House

Minutes

September 12, 2002

The next HPPC meeting will be held on **Thursday, November 14, 2002**
3:00 - 6:00 p.m.
Mayor's Conference Room, Room 201, City Hall

Members Present
Chota Ashley
Ari Bachrach
Erick Brown
Gayle Burns
Lyn Fischer
Robert Gomez
Paul Harkin
Janetta Johnson
Marcel Miranda
John Newmeyer
Israel Nieves-Rivera
Rebecca Radriguez
Gail Sanabria
Gwen Smith
Steven Tierney
Hank Wilson

Members Absent
Teresa Betancourt
Armel Crocker
Michael Discepola
Steve Gibson
Thomas Knable
Ken Pearce
Mike Schement
Tae-Wol Stanley

Harder + Co.:
David Weinman

HIV Prevention Section:
Betty Chan Lew
Eileen Loughran
Tracey Packer
Lisa Reyes

Guests
Jasmine Ahmed - SWANAQ, HIFY
Jackie Bell
Elizabeth Davis - Prevention for Positives, Neighborhood Health on Wheels
Gigi Gregrory - African American Health Initiative
Bev Jackson
Mazdak Mazarei - SWANAQ, APIWC
Isabel McKinney - Providence Foundation of SF
Diedra Epps-Miller - Southeast Heath Center
Anthony Muhammad - New Directions
Deborah Oliver-Wilson - ICHO, Bayview
John Reevey
André Robertson - Black Coalition on AIDS
Cynthia Selmor - DPH/African American Health Initiative
Jacqueline Siller - DPH, STD Division
Colleen Matthews - New Directions

Process Evaluation Team
Kathleen Roe
Kevin Roe

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Meeting called to order at 3:11 pm by Gwen Smith.

Welcome, Introductions, Announcements:
Gwen Smith chaired the meeting.

Announcements:

- Lyn Fischer handed out a copy of a letter regarding the, "Use of Azithromycin Prophylaxis for Sex Partners and Social Contocts of Syphilis Cases" dated 9/12/02. She also handed out sample copies of the DPH's recent advertisement/poster regarding Syphilis.
- Rebecca Radriquez handed out a copy of the Health Initiatives for Youth (HIFY) information sheet.
- Kevin Roe pointed out that a Web Based Survey has been e-mailed to Members, the results are required by the CDC

- Hank Wilson informed the Council there will be a demonstration at the Chinese Consulate protesting their detention of Dr. Wong, a prominent HIV activist. Demonstrations are also planned for New York, Washington and perhaps Philadelphia. He will advise when the date is finalized. He asked if anyone wishes to help with this effort to contact him.
- Note: The following people notified the HPS staff that they would not be in attendance: Thomas Knoble, Michael Discepola, Armel Crocker, Steven Gibson, Dara Coan (jury duty).

Moment of Silence in Memory of those Affected by the September 11, 2001 Tragedy:
A moment of silence was observed.

Review and Approval of Minutes of July 11 & August 8:
The minutes were reviewed separately

- The July 11th Minutes were moved and seconded for approval. The minutes were approved without objection.
- The August 8th Minutes were moved and seconded for approval. The minutes were approved without objection.

General Public Comment:

- Jasmine Ahmed of Southwest Asian and North African Queers (SWANAQ) and HIFY distributed a copy of a letter to Steven Tierney apologizing for not attending the 8/8/02 Council Meeting The letter also states SWANAQ's intention of being present at the 11/14/02 meeting. (A copy of the letter is provided for absent Members.)
- Jasmine Ahmed also handed out an information sheet entitled, "HIV/AIDS Prevention in the SWANA Communities" (a copy of which is provided for absent Members).
- Mazdak Mazarei also of SWANAQ, as well as APIWC, thanked the Council and expressed his hopes that the HPPC reconsider the needs assessment for SWANA people.
- André Robertson of Black Coalition on AIDS announced that on Monday 9/16/02 there would be a Health Fair/Luncheon for the Bayview Hunters Point (BVHP) and Western Addition communities to advocate for better. The public is invited.
  - ⇨ Marcel Mirando asked André Robertson to e-mail Council Members with a reminder.
- Cynthia Selmar of the DPH and African American Health Initiative stated that their program is looking at eliminating disparity in health care between the African American and other communities in SF. She thanked the Council for its help on this issue.
- Cynthia Selmar also announced that the community based project, the African American Health Initiative's Educational and Cultural Event will be held February 6, 2003, from 4-8 PM at 762 McAllister. They will ensure that the Council gets notice of this event.

HIV PREVENTION PLANNING COUNCIL
Bayview Opera House
Minutes
September 12, 2002

Member Response to Public Comment:

- Ari Bachrach thanked all of the representatives of the public present for their comments. He also asked that Trend Analysis and Population Assessment Committee and the HPPC to review the SWANA project again.
  - ⇨ Lyn Fischer pointed out that there were representatives of SWANA at the last meeting of the Trend Analysis and Population Assessment Committee, and the Committee is continuing to work on this proposal.

New Business: Member Input to the Parking Lot:

- Hank Wilson suggested adding "Rapid Testing" which he said is a public policy issue, that there is a delay in the U.S. whereas other countries are already performing one-hour HIV tests. He stated that the Council should make its views known on this issue.

HPPC Co-Chairs/Steering Committee Report:

Steven Tierney handed out the report entitled, "HIV Prevention Planning Council Co-Chairs'/Director's Report September 12, 2002" (a copy of which is provided for absent Members).

Steven Tierney also brought to the attention of the Council recent media reports, including in the Bay Area Reporter about Nonoxynol 9 (N-9), a spermicide added to lubricants in the 80's and 90's. It was believed that it would kill HIV, although studies found it to be ineffective. Of late there have been calls from the media to ban the use of N-9 as a dangerous additive. This view resulted from "questionable" research that indicated N-9 breaks down membranes in the vagina and anus. However, the membrane damage results when N-9 is used in very large quantities and over a prolonged period of time.

- He also noted that the SFDPH stopped buying and distributing N-9 two years ago because it is ineffective for HIV, not because it is dangerous. He also indicated that a recent study showed that 40% of MSM are still using N-9.
- He concluded that N-9 is probably not dangerous in normal use, may be helpful in avoiding pregnancy, but is not efficacious is stopping the transmission of HIV.

Steven Tierney handed out a RFP entitled, "Alternate Solicitation 022-2002 for the following services..." from the DPH dated 9/5/02. This RFP relates to supplemental funding from the CDC and is addressed to all bidders providing services relevant to the six captioned concerns. Letters of intention are due to the DPH office by Monday 9/16/02. He offered his and other staff member's assistance if any attendees need help with the process.

Steven Tierney stated that grant funds from the Bristol-Myers-Squibb Foundation will be available for prevention programs relating to HIV Positives and providing services for: Speed Users in all communities; Mental Health Services; intervention and outreach campaigns particularly aimed at the Latino community; and a general disability campaign. That RFP will be issued from the Center for

AIDS Prevention Studies (CAPS), the DPH partner on this project. He asked attendees if they are interested and not presently on the distribution list, to give him, or a DPH staff member their contact information and the RFP will be sent to them when it is ready.

Steven Tierney stated that the "Rapid Testing" procedure brought up by Hank Wilson has been approved for use in the US. However, Medical Laboratory Technicians organizations have put in a request to the Federal Government that there not be a "*waiver*." This means that there would have to be a licensed Medical Laboratory Technician on site to read test results. The effect is that the test would not be available for outreach, or mobile testing

- He stated that the DPH has been working with the Federal Government to produce a "*clear waiver*" - allowing others to read the test results.
- He urged people to contact their elected representatives on this matter.

Steven Tierney handed out a draft letter from the HPPC Co-Chairs related to "Ward Connerly's 'Racial Privacy Initiative" from the SF HPPC in draft (a copy of which is provided for absent Members). The Council authorized this letter previously.

- He pointed out that if the "Racial Privacy Initiative" was to pass HIV Planning and Prevention targeted at specific populations would not be possible in California.
- This letter will be sent to elected representatives as well as community leaders.

Steven Tierney indicated that people had asked about the recent CDC audit as it relates to the appropriateness of language in educational material produced by DPH and Stop AIDS. They have received positive verbal feedback from the auditors.

Steven Tierney then opened the floor to questions and comments:

- Hank Wilson stated that the Council, as well as the Research Committee, wants to ensure that they receive copies of any research conducted by the DPH.
  - ⇨ He said that he didn't want to read about research done by the DPH that has not been presented to the Council.
- Steven Tierney indicated that the AIDS Office has a grant request to fund a "Center for Community Based Research" that would allow all research to go through a central coordinating committee.
- Marcel Miranda stated that Glide has been chosen as a test site for "Rapid Testing" that there are many complexities and that the process is moving very slowly. He said that the federal authorities understand the importance of this kind of testing.
- Israel Nieves-Rivera informed the Council that the CDC will be opening its new application for the next four-year cycle. Representatives of the CDC will be in SF 12/1-4 to discuss specifically with people of color what the priorities should be. They are taking applications for about 35 people to join the four-day process.
  - ⇨ Tracey Packer can provide information on this meeting related to funding for the four-year cycle.

- ⇨ Israel Nieves-Rivera pointed out that the CDC is considering consolidating their funding process with local health departments; if organizations don't get in to this cycle the opportunity for funding may not present itself again for four years.

Special Meeting in the Bayview:

Introductory Remarks:

Erick Brown introduced this section. He told the attendees that there is a proposal out to do a community Systems Capacity Assessment by Neighborhood, but before that the HPPC would like to understand the real situation in the community. Thus this special meeting was organized by the Community Liaison Committee to provide a forum for community members to address their needs and concerns directly to the Council. He also conveyed Pat Norman's regrets who had a previous scheduling commitment.

Marcel Miranda continued the introduction. He thanked the community representatives for coming to the meeting and stated that they are the experts in what is going on in Bayview Hunters Point (BVHP). He asked to draw upon their expertise regarding what the community's needs are, what HPPC can do as a funding body to help, and what the priorities should be. He also asked people to become involved in HPPC.

Bev Jackson introduced herself as a Community Activist who has worked for the last 12 years on HIV/AIDS in the BVHP neighborhood. She started out working for the BVHP Foundation, AIDS Services Department in the research component, and worked for their Health Education section. She also ran a very successful volunteer emotional support group called Cadre in which she was exposed to some of the dynamics of HIV in the Black community. She noted that:

- There is a great deal of denial in this community;
- While there have been a number of studies, there has been little culturally appropriate intervention;
- This community is low income, disenfranchised and an isolated community within SF;
- A lot of information that has gone into the community; and
- While she doesn't know if there has been a major change in the HIV infection numbers, there has been a significant reduction in funding and services going into the community.

She hopes are that the HPPC can bring culturally appropriate interventions into the community and ensure the level of service is adequate to the needs of the people.

Overview of HIV/AIDS in the Community:

Steven Tierney handed out and gave a presentation entitled, "HIV/AIDS in the BVHP Neighborhood – A Summary of the Epidemiology for the HPPC September 2002" (a copy of which is provided for absent Members).

Bayview Hunters Point Chlamydia Reduction Project:

Jacqueline Siller of the SFDPH, STD Prevention & Control Service section handed out and gave a presentation entitled, "Bayview Hunters Point Chlamydia Reduction Project." Questions and comments followed:

- Honk Wilson asked if Chlamydia affects more men or women. Jacqueline Siller told him that both were affected. She also said that although it affects more women, the program has tested more men. This is because men tend to spend more time in public and so are more available to mobile testing.
- Ari Bachrach asked if the program offers any counseling with the treatment. Jacqueline Siller told him that yes counseling is provided. They also provide information regarding STDs as well as condoms and "partner packs."
- Lyn Fischer pointed out that the treatment provided, (Zithromycin), also works for Syphilis.
  - ⇨ Robert Gomez asked if this is a one-time treatment, and was told yes.
- Marcel Miranda asked for more information on the demographics. Jacqueline Siller told him that the majority was African American, average age of 20 for females, 23 for males. Marcel Miranda asked if the Council could get demographics on paper, and was told yes.
  - ⇨ She also noted that youth has helped to do the outreach and that they have collaborated with neighborhood leaders and institutions.
  - ⇨ Jacqueline would like to make a presentation when the project is complete.
- Gwen Smith introduced Diedra Epps-Miller, the Director of the Southeast Health Center.

HIV Prevention Providers in the Bayview Hunters Point Community: Panel Discussion:
Erick Brown introduced the participants in the Panel Discussion: Elizabeth Davis, Anthony Muhammad and Deborah Oliver-Wilson.

Rebecca Rodriquez posed the first question:
1) **What do you see at the HIV prevention issues in the community?**

Elizabeth Davis, Coordinator of Prevention for Positives, began the discussion.

- Her project is a CDC funded demonstration project in SF, including Neighborhood Health on Wheels, which comes to BVHP to do HIV testing and STD screening.
- She stated that one of the issues in the BVHP is disinterest in HIV testing, this cuts across all age and gender demographics.
- She was the coordinator of Youth United Through Health Education. This program involved 10 young people who worked in street outreach trying to get people tested for HIV and STDs. This peer-based model was successful.
- She stated that another major issue in BVHP is the rise in STDs, including Chlamydia.
- She said that other issues include poverty and unemployment – that people are not as interested in their HIV status as they are in whether they can find a job.

Deborah Oliver-Wilson, Director of ICHO Bayview, was the next Panel Member to speak, explaining that the BVHP is a complex community and although she was born and raised there even she does not understand it all.

- In addition to the issues raised by Elizabeth Davis, she highlighted Mental Health as a significant prevention problem She asserted that people live with Mental Health issues in BVHP without being aware that their "*baseline*" is off. She suggested that in additional to other types of prevention work that linkage be made to Mental Health.
- She stated that self-preservation values need to be taught to people living in the neighborhood.
- She said that when you look at the people in this community as whole, and look at the whole family situation, HIV is a relatively small issue; that this community deals with a number of things before dealing with that aspect of their health.
- She also said that the both prevention and treatment begin with Mental Health, and without that people cannot deal with the various issues facing them.

Anthony Muhammad, Executive Director of New Directions, was the next Panel Member to speak. He also handed out an overview of New Directions (a copy of which is provided for absent Members). He highlighted that:

- In the past four months New Directions has taken on dealing with HIV among young people in the BVHP neighborhood;
- The primary HIV prevention issue youth are dealing with is the lack of education; and
- Other important issues facing youth in BVHP is are gang violence, territoriality, and increasing drug use.

Elizabeth Davis added to her previous comments that MSM is not openly discussed in BVHP, particularly among young people and asked how to find MSM and how to educate them in a safe environment. She pointed out that the topic of MSM is not discussed until after trust is built.

André Robertson was recognized and stated that people's top concern is getting a job and that the neighborhood's other priorities are drugs and violence.

- He said that many people in the BVHP area suffer from PostTraumatic Stress and Depression and are self-medicating.
- He stated that outreach workers must have credibility with people and be able to quickly form a rapport; particularly in the housing projects.
- He said that he believes that workers with credibility are rare and should go into neighborhoods with a multitude of services; such as Chlamydia and HIV tests.
- He also said the people coming out of prison often have had MSM experience, return to the community and have sex with their regular partners. He asserted that who they had sex with should be dealt with after taking care of health issues, testing and treatment.

Beverly Jackson was recognized and stated her agreement with André Robertson and additionally suggested using the term "*Sexually Active Men*" rather than MSM.

Marcel Miranda posed the second question:
2) What does your agency do to address these issues?

Elizabeth Davis responded first and said that her organization tries to maintain consistency. That once people know that you are going to be there for them on a consistent basis, people will come around.

Deborah Oliver-Wilson stated that the Early Testing Campaign was very successful.

- She said they did offer incentives for testing.
- She stated that ICHO is in the process of putting together other such programs.
- She stressed that they address as many of the community's needs as they can, and see community members where they are and on the people's terms. She stated that her organization conducts training for other agencies on how to conduct outreach.
- Marcel Miranda asked how her agency deals with Housing and Mental Health.
  - ⇨ Deborah Oliver-Wilson said that they make phone calls, find rooms and shelters -- they take responsibility.

Anthony Muhammad was the next Panelist to respond saying that their work with youth has a large Mentorship and Case Management component and that HIV Prevention is infused into existing programs and that they refer to other agencies based on the client's needs.

- He stated that most of New Directions clients' needs are firstly financial - particularly that clients need employment - and that the agency has a small stipend program.
- He said that their clients also have significant nutritional needs so the agency has a nutrition program feeding about 150 youths a day
- He also said that his outreach workers are all from the community, are well known, and respected; so they have a personal relationship with the areas they work in.

Cynthia Selmar was recognized and pointed out that the DPH recently opened a Community Empowerment Center on Harbor Road which has a Housing Development component, a Family Planning Program, and Health Education outreach.

- She indicated that the center included a Second Chance for ex-offenders program.
- She said that there was a program for at-risk youth, including Mentorship, which is a partnership with the Sheriff's Department, the Department of Parks & Recreation, and with New Directions.
- In response Marcel Miranda's question, she stated that they are offering HIV testing.

Colleen Matthews, a member of New Directions Board of Directors, was recognized and added that she believes the best approach to HIV prevention is to deal with all of community's issues, which is best done by taking a family approach.

- She suggested that while the BVHP community has grown, agency resources haven't.
- She also suggested that agencies look at community trends.

Marcel Miranda said that part of what this meeting was about was to look at all of the community's issues, not just HIV prevention.

Tracey Packer posed the next question:

3) **What gaps do you see and what other services would you like to see available in the community to address them?**

Anthony Muhammad was the first Panelist to respond by stating that the biggest gap that his agency has noticed is a lack of adequate service providers in the BVHP community.

- He also said that CBOs need to be more empowered, financially and otherwise.

Elizabeth Davis stated that the biggest gap is in prevention education.

- She said that she would like to see young people from the community doing outreach and addressing issues including substance abuse and use. Using an HIV prevention model of disseminating prevention education, such as street outreach about drugs and their effects. If youth had greater awareness of these issues they may become more aware of other health issues.
- She also said that she would like to see BVHP's invisibility dealt with citywide; and that while the neighborhood's problems are discussed in the media, its accomplishments are ignored.

Deborah Oliver-Wilson agreed with the other Panelists' points, particularly regarding visibility and the need for more resources. She also pointed out, however, that while everyone agrees about education, it doesn't always change behavior: that agencies need to look at changing people's behavior.

- She asserted that people don't always believe that they have the power to make changes, in themselves or in their community.

Elizabeth Davis added that promotion of health issues in the community is very important, like the "*HIV Stops with Me*" campaign. She noted that there should be a campaign like that for BVHP, with local people talking about health issues.

Cynthia Selmar discussed other service gaps including:

- Non-traditional cultural bias in getting the word out about HIV prevention;
- Dealing with the faith-based community who have opportunity to interface with community members in ways that a public agency will never have;
- Dealing with local business owners, who should be engaged as peer counselors;
- Funding is always a major issue, and it is particularly difficult when an agency has to take on additional costs in the form of liability insurance, administrative costs, and staff;
- Visibility, although it is partly addressed by using Channel 29 – Public Access on Cable – which has a community show, "Conscious Eye" on the 2nd and 4th Saturday of each month at 10:00 – 11:00.;

- Technical assistance to community agencies trying to deal with DPH; and
- Providing rental assistance for agencies providing community services.

Janetta Johnson asked if Panelists would address what their agencies are doing regarding HIV prevention in the African American transgender community.

- Deborah Oliver-Wilson said that ICHO is providing services to people in Westpoint and Middlepoint where there is a transgender population. However, there are no services specific for transgendered individuals or MSM. That population has to access HIV testing and treatment elsewhere.

Jasmyn Powell of Lavender Youth was recognized and told the attendees of the "Kick It" program for African American young MSM, dealing with sex, drugs and HIV. She handed out a flyer entitled, "The downs and lows ... of the down-low.".

- She said that they have had three meetings so far and others are scheduled every other Monday.
- She stated that they will do outreach in the BVHP community.

Gwen Smith told the Council that Anthony Muhammad had to leave and was replaced on the panel by Colleen Matthews. Gwen Smith posed the next question.

4) <u>What role do you see for the HPPC and DPH as your community partners?</u>

Elizabeth Davis was the first Panelist to respond saying that the HPPC holding a meeting in BVHP is a good first step in forming a partnership. She also cited these things that could be done:

- Holding forums, such as those held for Hepatitis C;
- Providing funds for those agencies willing to meet the challenge of HIV Prevention in BVHP;
- Holding programs that enable men to talk about their issues; and
- Developing an advisory group of community members - specifically youth who do not usually get involved - to meet quarterly and report what they are seeing, hearing and feeling in the neighborhood

Deborah Oliver-Wilson stated that in addition to what Elizabeth Davis suggested that HPPC does not prioritize the needs of BHP highly enough.

- She suggested that when setting priorities that community members be more involved.
- She also stated that RFPs from DPH should realistically reflect the community's resources

Colleen Matthews stated that what she could envision a good partnership between the community and DPH/HPPC but such would require more fluid communications.

- She suggested providing technical assistance to CBOs, including more professional help, especially when that assistance is well informed and culturally specific.

- She stated that the health and human service issues in BVHP need to be treated like an epidemic. She urged the DPH and the Council to find creative ways to deal with the problems in BVHP.
- She also said that Mental Health and Depression are major concerns for BVHP and that people are self-medicating.

Janetta Johnson stated that the transgender community is self-medicating too - with drugs and with sex. But that transgendered people are not being addressed, as they are not MSM. She asked the Panelists if the transgender community is being talked with and dealt with in BVHP - including all of the issues that transgender families deal with.

- Deborah Oliver-Wilson stated that there are no specific programs for the transgender community in BVHP, but there are services at the Mission Street site.
- Gayle Burns stated that there is a transgender support group every Wednesday from 1.00 - 2:00 at the facilities at 16th and Mission at the Native American AIDS Project.

Gigi Gregory of the African American Health Initiative was recognized and suggested that perhaps Janetta Johnson should start a support group in BVHP.

- She also stated that she is working on a Healer Project, looking at alternative and complementary medicine and how that might work in the African American community, as there is significant distrust of the system - including the medical establishment
  - ⇨ She indicated that the Healer Project is attempting to integrate HIV prevention.
- She suggested the establishment of "mini" grants for small projects in BVHP.
- She informed the attendees that there is a big conference coming up in October in the Barbados for Africans and African descendants as a follow-up to the Durban Conference.
  - ⇨ This conference is due to deal with HIV and other issues
- She also suggested the HPPC take a stand on reparations as there have been health consequences of the disparity in health systems.

Elizabeth Davis, responding the Janetta Johnson stated that the HIV Prevention Section (HPS) has a Transgender Working Group that meets every other month. Contact Erik Dubon at HPS for more information.

- She also said that there are transgendered individuals in BVHP, although isolated; so there is a need, and programs need to be developed.

In response to Rebecca Rodriquez's question, Gigi Gregory stated that financial help may available for the October Conference and suggested people contact the Ford Foundation.

Rebecca Rodriquez commented that although the meeting in BVHP was productive, she hopes that the atmosphere here continues and the issues raised are followed up on.

In response to Hank Wilson's question, Elizabeth Davis stated that Neighborhood Health on Wheels attempted small incentives for taking HIV tests, such as Phone Cards with limited success, so need to find more creative incentives.

- Hanks Wilson stated that other neighborhoods are using cash incentives, which work, and are attracting people from BVHP.

Hank Wilson asked how many people are being tested in BVHP per month.

- Steven Tierney indicated that the AIDS office would get that information for the Council.

Hank Wilson described the statistic reported by Jacqueline Siller of testing 693 people for Chlamydia between May and July as, "*Impressive.*"

- Jacqueline Siller stated that they were giving the incentive of two movie tickets.
- Hank Wilson stated that he would rather spend money on incentives than on a van, as people would find their way to a CBO in BHP for the right incentive.

Rebecca Rodriquez stated that HIV is just one of many issues that the CBOs are dealing with, including jobs, housing, crime and others

Deborah Oliver-Wilson suggested thot HPPC write to the Mental Health community and invite them to meetings, as these service providers deal a great deal with the HIV positive population as well as those who are at risk.

- She also stated that CBOs need to have connections with Mental Health providers.

Israel Nieves-Rivera said that before initiating new incentives the Council needs to find out why people aren't getting tested.

- He suggested conducting focus group or including this as part of a SCAN.
- Deborah Oliver-Wilson stated that ICHO has received funding regarding youth in getting tested, and that she is willing to come back to the Council and report how this process went.

Diedra Epps-Miller stated that HIV is not a solo issue in BVHP, that some of those other issues have been highlighted in this meeting, but not all. She indicated that she has concerns about youth, domestic violence, and incorcerated populations returning to the community.

- In regard to the Chlamydio project, she pointed out that there is less stigma attached to, "*Peeing in a cup,*" and in toking a blood test; and that there are confidentiality issues involved in taking a blood test in the BVHP community where people often know each other.
- She also stated that she thought that the idea of "mini" grants for BHP is on excellent one because there are many CBOs that do good community outreach.

Lyn Fischer said that she notices o shift in the CBO attitude in BVHP: that 10 years ago there was not a strong focus on HIV or STD among BVHP CBOs. She asked what the panelists thought about the shift in CBOs' attitudes in BVHP.

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- Deborah Oliver-Wilson replied that she believes that the community is now responding because people care.
- Diedra Epps-Miller said:
  - The community has had a lot of guilt;
  - Mothers have been so ashamed that they have lied about the cause on their children's death certificates; and that too many children have died of pneumonia;
- Diedra Epps-Miller also said that the shift comes from rage that the community has seen too many children die and that they have seen too much of the causes: depression, degradation, deprivation, repression, lack of education, violence - all those things that contribute.
- She emphasized that the change in the community attitude was not about funding.

Jacqueline Siller returned to Hank Wilson's question about HIV testing in schools and said that it is difficult to get schools to allow testing, that they are only allowed to do STD testing once a year in April.

- She stated that STD testing has been an ongoing battle for years, and that extending it to HIV would most likely cause a huge fight - and asked if HPPC would want to take that on.
- She pointed to the successful youth programs that incorporate HIV counseling and that these programs are expanding.
- She said that RFPs shouldn't be written to cover just HIV in BVHP, that they should be broader in scope and should include counseling.
- She also thanked Rebecca Rodriquez for her commitment to follow up on these topics after the meeting.

Gayle Burns asked if there is a need for more outreach workers in BVHP.

- Deborah Oliver-Wilson responded that there was a need for more targeted outreach, such as workers dealing specifically with the transgender population. She also said that workers should provide services in a way that they would like to receive them.

Janetta Johnson stated that the Council and the CBOs in BVHP need to look at marijuana and its effect on young people, that marijuana's use is tied into Mental Health issues. She also stated that too many workers separate marijuana from "*drug use.*"

Ari Bachrach stated that the Council should be addressing the whole continuum of issues; that discussing them all should not be a new thing nor should following up on the things discussed. He stated that workers often get too bogged down in all of the things that need attention and lose sight of the whole picture.

Adjournment

Gwen Smith thanked the Panelists, the community members in attendance and the Council Members and then called for adjournment.

HIV PREVENTION PLANNING COUNCIL
Bayview Opera House
Minutes
September 12, 2002

Meeting adjourned at 6:00 PM
Minutes prepared by David Weinman
Minutes reviewed by Tracey Packer and Gwen Smith

Reminder: The next HPPC meeting will be held on Thursday, November 14th, 3:00-6:00 PM, Room 201, City Hall.

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HIV Prevention Planning Council Meeting
November 14, 2002
Mayor's Conference Room, Room 201
City Hall, San Francisco

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Agenda

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	**Food, Welcome, Introductions, Announcements Special Welcome to the New Members!**	**Israel Nieves-Rivera**
3:25 pm	**Approval of Minutes of September 12, 2002** *VOTE*	**Israel Nieves-Rivera**
3:30 pm	**General Public Comment**	**Israel Nieves-Rivera**
3:40 pm	**Member Response to Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**All**
3:45 pm	**New Business: Member Input to the Parking Lot** Objective. To suggest topics for the HPPC to discuss on future agendas. Members vote to add items to the Parking Lot. *POSSIBLE VOTE*	**Israel Nieves-Rivera**
3:55 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To ensure that HPPC members are aware the activities of the Community Co-Chairs, the HIV Prevention Director, the Steering Committee, and the HIV Prevention Section. Note: The Steering Committee will propose the following motion: "Beginning in 2003, the full Council will meet monthly, the second Thursday of the month from 3:00 – 6:00 pm." *VOTE*	**Israel Nieves-Rivera**
4:10 pm	**Introduction by Research Committee**	**John Newmeyer**
4:15 pm	**Research Presentation: Data from the HIVNET Vaccine Preparedness Study** Objective: To hear about and discuss the HIV prevention implications of this study.	**Grant Colfax, Research Section**
4:45 pm	**Break**	
5:00 pm	**Committee Report: Trend Analysis and Population Assessment** Objective: To hear and vote on a proposal for monitoring of the epidemic: 1) Regular HPPC Forums and 2) Needs Assessment Priorities for 2002 *VOTE*	**Trend Analysis and Population Assessment Committee**
5:25 pm	**Presentation of Acknowledgements for 2002 Work** Objective: To describe the accomplishments in 2002 achieved by the HPPC.	**Co-Chairs**
5:50 pm	**Closure and Evaluation**	**Israel Nieves-Rivera**
6:00 pm	**Adjournment**	**All**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:
Membership: Thursday, **December 12,** 3:00 – 4:30 PM, 25 Van Ness Avenue, Suite 710
Community Liaison: Thursday, **December 12,** 2:00 – 3:30 PM, Field Trip to Treasure Island
Research: Thursday, **December 12,** 4:30 – 6:00 PM, 25 Van Ness Avenue, 330A
TAPA: Thursday, **December 5,** 3:00 – 5.00 PM, 25 Van Ness Avenue
Full Council: Thursday, **January 9, 2003,** 3:00 – 6:00 PM,

Know your rights under the Sunshine Ordinance. Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force: Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us

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HPPC PARKING LOT
2002

Updated STD presentation.
Discussion of prevention case management (PCM) specifically for transgender MTF.
Discussion of youth and STDs in relation to HIV.
Discussion on Poppers and MSMs in SF.
Update on Rapid Testing in San Francisco.

HIV PREVENTION PLANNING COUNCIL

Minutes

November 14, 2002

The next HPPC meeting will be held on **Thursday, January 9, 2003**
3:00 - 6:00 p.m.
TBD

Members Present
Barbara Adler
Ari Bachrach
Teresa Betancourt
Gayle Burns
Edward Byrom
William Cochrane
Aaron Cohen
Michael Cooley
Michael Discepola
Lyn Fischer
Steve Gibson
Paul Harkin
Janetta Johnson
Marcel Miranda
Joani Marinoff
John Newmeyer
Israel Nieves-Rivera
Ken Pearce
Andre Robertson
Gail Sanabria
Mike Schement
Gwen Smith
Tae-Wol Stanley
Frank Strona
Steven Tierney
Hank Wilson

Members Absent
Rebecca Rodriguez
Chata Ashley
Erick Brown
Robert Gomez
Thomas Knoble

HIV Prevention Section:
Betty Chan Lew
Eileen Loughran
Tracey Packer
Lisa Reyes

Guests

Grant Colfax, SFDPH, Research Section
Michael DeMayo, Prevention for Positives
Amanda Elder, A&PI Wellness Center
David Evans, Stop AIDS Project
Edd Lee, AVAC (New York)
Vanessa Lee, SFDPH - HPS
Jen Sarche, SFDPH Research Section
Charles Siron, CARE Planning Council

Harder + Co.:
Dara Coan
David Weinman

Process Evaluation Team
Kathleen Roe

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Meeting called to order at 3:05 PM by Israel Nieves-Rivera.

Food, Welcome, Introductions, Announcements, Special Welcome to the New Members!:
Israel Nieves-Rivera chaired the meeting.

Members were asked to introduce themselves and share an accomplishment they are proud from this past year. The new members were acknowledged:
Barbara Adler, Edward Byrom, William Cochrane, Aaron Cohen, Michael Cooley, Joani Marinoff, Andre Robertson, and Frank Strona

- Michael Discepola distributed information on AHP's priority setting process which is currently underway.
- Teresa Betancourt announced that she has taken a new position with San Francisco State University's Youth Project.
- John Newmeyer stated that he has a new book of essays being published; one third of the work is about gay and/or substance abuse.

Approval of Minutes of September 12, 2002:

Lyn Fischer offered a correction to the minutes on page 12. She asked that her comments more accurately reflect that the community's focus was not the point of her comment, that her concern was that CBOs in BVHP didn't have a strong focus on HIV or STDs 10 years ago. (Final text of the correction will be made to the minutes.)

With that correction approval of the minutes was moved and seconded.

The minutes were approved without objection and with five abstentions: Teresa Betancourt, Michael Discepola, Steve Gibson, Ken Pearce, and Tae-Wol Stanley.

General Public Comment:

- Edd Lee, former Co-Chair of HPPC, stated that he wanted to ask the Council to keep the idea of an AIDS Vaccine on the prevention community's agenda. He also highlighted the AIDS Vaccine Outreach program's current status:
  - ⇨ Primary results will be released in 2003 on the AIDS Vaccine from Vaxgen Phase III world-wide tests.
  - ⇨ He cautioned that the results would not be conclusive and that regardless the media will, report:
    - If the results are good, they will probably say, "*AIDS Is Over.*"
    - If the results are not good, they will probably say, "*AIDS Vaccine isn't possible.*"
  - ⇨ AIDS-VAX has produced a brochure to explain the potential results of the trail.
    - Copies of the brochure are and should be helpful to organizations trying to explain the Vaccine to their respective communities.
  - ⇨ He offered to do a presentation at a future meeting regarding AIDS Vaccine efforts.
  - ⇨ His contact information is available to Members through Tracey Packer.
- Michael DeMayo from LaFrance & Associates have been contracted to do a Prevention for Positives agency wide assessment of capacity for providing primary prevention with HIV positive individuals.
  - ⇨ According to the HPPC Plan, this is a priority issue.
  - ⇨ It will provide information on what prevention and health service organizations are doing on this topic.

- ⇨ They are particularly looking for special needs and areas of concern that aren't being addressed.
- ⇨ Representatives of LaFrance and Associates will contact Council Members regarding interviews to facilitate this assessment.
- ⇨ They will also be asking for Council input on one of their assessment tools, which will be sent (mail and e-mail) to Members for reaction and comment.

Member Response to Public Comment:
There was no Member response to Public Comment.

New Business: Member Input to the Parking Lot:

- Lyn Fischer suggested the Council get an updated presentation on the Chlamydia study in BVHP upon the project's completion.
  - ⇨ She also suggested that when the study ends the Council consider extending it
- Paul Harkin proposed the Council look at Crack's impact on HIV.
  - ⇨ He pointed out that this topic came up repeatedly at the recent Community Liaison Committee meeting held in the Tenderloin.
  - ⇨ He also suggested that the Council ensure research done is culturally appropriate.
- Steve Gibson suggested that the Council examine what is going on nationally with Federal agencies auditing AIDS Service Organizations (ASOs).
  - ⇨ He stated that these audits are affecting ASOs effectiveness.
  - ⇨ He said that the audit action seem to be directed toward ASOs serving the MSM community.
  - ⇨ He recommended the Council examine what is going on with audits nation-wide.
- Hank Wilson made three suggested additions to the Parking Lot:
  1. Investigate interventions via the Internet
     - What is going on with this;
  2. The SF School District & HIV Prevention Aimed at Young People
     - Update regarding WEDGE Program
     - He noted that the SF School District used to have designated representatives on the Council (although they didn't attend many meetings),
     - the Council should invite them to join again; and
  3. Community Substance Abuse Services Overlap/Linkages
     - Explore what is happening regarding joint efforts with other organizations.

Motion to accept the following additions to the Parking Lot was made and seconded:

- The Council be updated by presentation regarding the Chlamydia study in BVHP upon the project's completion.
- The Council examine what is going on nation-wide with Federal agencies auditing ASOs.
- Explore what is going on with Internet Interventions.
- Update from the SF School District regarding HIV Prevention and Young People.

- Community Substance Abuse Services Overlap / Linkage."

The motion carried without objection and with one abstaining vote from Mike Schement.

HPPC Co-Chairs/Steering Committee Report:

Steven Tierney handed out the report entitled, "HIV Prevention Planning Council Co-Chairs'/Director's Report November 14, 2002" (a copy of which was provided for all Members by e-mail).

Israel Nieves-Rivera noted that the HIV Prevention staff had been asked to obtain information regarding statistics in BVHP and that the data is included in the distributed report. He thanked the staff for their timely work.

Questions and discussion followed.

- Hank Wilson asked if competitive bids were received from all of the organizations shown as having been awarded supplemental funding.
  - ⇨ Steven Tierney stated that two programs were did not have competitive bids:
    1) STOP AIDS-Health Communication/Public Information Outreach to Gay Men over 45 Years Old, and
    2) ICHO-Native American AIDS Project-Rapid Assessment of the Two-Spirit Native American population.
- Ari Bachrach asked if the Testing Data includes numbers from Forensics AIDS Project.
  - ⇨ Tracey Packer responded that all data collected from reporting agencies is included (Note: Tracey confirmed with the Counseling and Testing program that testing clients from FAP are included in the data).

Proposed Monthly Council Meetings

Israel Nieves-Rivera reviewed the Steering Committee's recommendation regarding altering the Council's meetings to a monthly schedule, commencing in 2003. A copy of the proposal was distributed, and is enclosed for absent members.

- Steve Gibson asked about shortening the meetings to two-hours.
  - ⇨ In response, Israel Nieves-Rivera pointed out:
    - The first 45 minutes is house-keeping,
    - The Co-Chairs will look at how to run this part more efficiently
      - * Including by sending printed material out earlier so Members can fully review them before the meetings,
    - The aim will be to keep meetings to two-hours,
    - Scheduling the meeting for two-hours and running over would require a vote to extend the time, thus to avoid that vote meetings will be scheduled for three-hours, with the intention of keeping them to two-hours.

Motion was made and seconded to accept the Steering Committee's recommendation: "Beginning in 2003, the full Council will meet monthly, the second Thursday of the month from 3:00 – 6:00 PM." The motion was approved without objection or abstention.

Committee Report: Trend Analysis and Population Assessment

(As the meeting was moving more quickly than the Agenda's time schedule, and since Grant Colfax would not be present until his schedule time, it was agreed to switch Agenda items.)

Tae-Wol Stanley and Lyn Fischer distributed copies of the Committee's presentation, "*Trend Analysis & Population Assessment Committee – November 14, 2002*" a copy of which is provided for absent members. The Trend Analysis and Population Assessment (TAPA) Committee offered two motions to the Council.

Motion #1: A needs assessment shall be conducted in 2002-2003 with recently seroconverted gay-identified men.

Questions and discussion on this motion followed.

- Ari Bachrach asked if the data will be different than what was collected by the Options Program.
  - ⇨ In response, Dara Coan and Lyn Fischer said that part of the process is to look at information already collected and find and fill the gaps.
  - ⇨ It was also pointed out that these would be different questions.
- Barbara Adler asked how the Committee defined "*recently*" and was told by Lyn Fischer that these are people who had a negative test within the last year, and now have tested positive.
  - ⇨ Marcel Miranda added that he had observed the Committee to be very thoughtful in looking at this issue:
    - The research will look for common threads, and
    - Will look for where there are holes in prevention.
  - ⇨ He also said that this should inform prevention agencies as to what comprehensive prevention should look like.
- Marcel Miranda clarified the presentation regarding the previously proposed research in the Southwest Asia and North African (SWANA) community. The committee determined that although it is important to get a better sense of HIV knowledge and risk behaviors among the SWANA population, it prioritized a needs assessment among gay men since this is the population most affected by HIV.
- Ken Pearce asked why look only at people that can be identified as having recently seroconverted.
  - ⇨ He also asked why not look at all positives who have tested negative in the past.
  - ⇨ He added that recent seroconversions might be too small a sample.
  - ⇨ Dara Coan explained that the proposal is for a '*Needs Assessment*,' which is a rapid assessment methodology lasting for two or three months, and
    - A small sample of 40 or smaller will be sufficient. The committee wants to look at recently seroconverted to get a sense of the circumstances that may have put them at risk.
- Janetta Johnson asked why not include groups such as the transgender population in this research.

- ⇨ Lyn noted that this small needs assessment can only accommodate a small sample. To get a large enough sample of transgendered individuals and women would be beyond the budget. Also, the results of the RAP with African American transgendered individuals will provide information to improve prevention with this population.
- ⇨ Michael Discepola stated that the seroconverting MSM population is continuing to grow and prevention work needs to move forward with this community.
- ⇨ Israel Nieves-Rivera added that Needs Assessments are rapid, generalized research, which is appropriate for this population, whereas the transgender population may be better, served by research that is more specific.
- ⇨ Hank Wilson suggested that we get information from all people who seroconvert, on a regular basis. He stated that information should be routinely collected from all people who seroconvert at the same time that test results are provided.

- Ari Bachrach asked how and where participants are to be identified.
  - ⇨ Dara Coan responded that she would work with the Council and the DPH and other community representatives for the best method of recruitment.
  - ⇨ She added that the study may be qualitative and that it may be useful to help develop a plan to address the issues identified, perhaps including designing something to capture information from all people who seroconvert as Hank Wilson suggested.
- Janetta Johnson stated that she is uncomfortable that people are talking about the prevention money going to the transgender community, which is relatively new, whereas the MSM community has been funded all along.
  - ⇨ Michael Discepola responded by saying that the transgender community needs attention and priority and that he along with others in the Council are glad to have been part of the process that prioritized that community's allocation of funding and services.
  - ⇨ He added that the gay men's community's seroconversion rate going up needs to be addressed.
  - ⇨ He also said that until January 2001 funding dedicated to the gay men's community was less than that population's percentage of seroconversion.

The question was called and seconded. Acceptance of Motion #1, as stated above, was moved and seconded. The motion carried without objection and with two abstaining votes from Ari Bachrach and Janetta Johnson.

Motion #2: Twice annually, the HPPC shall hear a presentation from the DPH and others for an update on the current state of the epidemic, including trends in HIV indicators and current research findings. During the presentation, the HPPC shall discuss prevention implications and action steps.

Questions and discussion followed.

- Tae-Wol Stanley clarified that twice a year someone from DPH, and/or other research organization, will present quantitative overviews of the state of the epidemic in SF, and this proposal makes this part of the Council's protocol.
- Hank Wilson commented that the Council needs updates from DPH and researchers on an on going, timely basis.

- Michael Discepola stated that if specific information becomes known between scheduled presentations the Co-Chairs should bring it to the attention of the whole Council.
- Tracey Packer said the Committee looked at these presentations as "*mini consensus meetings*" to collect information on an ongoing basis in one place at one time.
  - ⇨ She added that the proposal is about updates, monitoring and ensuring the Council keeps its fingers on the pulse.
- Mike Schement asked why formalize updates, rather than just having the Committee ensure the updates take place.
  - ⇨ Tae-Wol Stanley pointed out that TAPA is not a standing committee and will cease operation at the turn of the year.
  - ⇨ Steve Gibson added that the proposal complements the Research Committee's work and does not preclude that Committee's presentation of information.

The question was called and seconded. Acceptance of Motion #2 as stated above was moved and seconded. The motion carried without objection or abstention.

Introduction by Research Committee

John Newmeyer reviewed the work being done by the Research Committee.

- Citing the "*Party & Play*" study as an example, he stated that research should be brought to the attention of the Council prior to distribution.
- He pointed out that some information gathered by research is not about the numbers, but is rather ethnographic.
- He also stated that research findings can change the nature of HIV prevention.

Research Presentation: Sexual Risk Behaviors and Implications for Secondary HIV Transmission During and After HIV Seroconversion (Data from HIVNET Vaccine Preparedness Study)

John Newmeyer introduced Grant Colfax of the HIV Research Branch of the SF DPH. A copy of the abstract of this presentation was distributed and is enclosed for absent Members. Highlights of Grant Colfax's presentation follow.

- Grant Colfax pointed out that the study looked specifically at secondary HIV transmission among newly infected MSM.
- He acknowledged the other members of the research team, who are based both in SF and Seattle.
- Definition of secondary infection is when the infector doesn't know that he is infected.
- One of the questions the research sought to explore is whether there is a sexual behavioral change when person knows he is HIV Positive.
- The study worked with a group of men, all of whom were HIV Negative at the beginning of the project.
  - ⇨ Researchers questioned participants every six months regarding their sexual practices.
  - ⇨ Questions were asked before providing participants their most recent HIV test results.

    - By this process the research was able to look at men who thought they were Negative when they were actually Positive.
- The study focused on:
  - ⇨ If sexual behavior changes after seroconversion. Is so, how?
  - ⇨ Whether people change serostatus type of sexual partner after seroconversion.
  - ⇨ Whether people change sexual practices after seroconversion.
    - There is anecdotal information that people tend to be insertive when Negative and receptive when Positive. Is this so?
  - ⇨ Do people change their sexual practices immediately after seroconversion? Six months after seroconversion?
- The study noted that immediately after seroconversion participants Viral Load (VL) was very high and therefore more likely to infect partners.
- The study defined:
  - ⇨ High-risk behavior as Unprotected Anal Intercourse (UAI),
  - ⇨ High Risk Transmitter as a participant engaging in UAI with another who is either Negative or of unknown serostatus,
  - ⇨ The Seroconversion Period as the time between a test with Negative result and the first with a Positive result, and
  - ⇨ The Post Seroconversion Period is the time after people received a Positive result.
- The study collected information from men in SF, Seattle, Philadelphia, Boston, New York, Chicago and Denver.
- The study was part of the Vaccine Comparison Study (VCS) funded by the NIH.
- The study collected information on UAI between participants and partners of Negative or unknown serostatus during the Seroconversion Period.
  - ⇨ Approximately 2/3rds of the participants reported UAI with Negative or unknown serostatus men when their own serostatus was unknown and Positive.
- Insofar as sexual practices, the study found subjects participated in less risky sexual behavior with partners of Negative or Unknown serostatus immediately after being informed of seroconversion.
  - ⇨ Behavior tended to revert to previous patterns after about a year.
  - ⇨ Behavior with known Positive partners did not change.
- The study also found that participants' choice of partner's serostatus did not change pre and post seroconversion.
  - ⇨ The study showed participants' choice of sexual partner and other social contact was independent of his serostatus.
- There was no evidence that sexual practices (insertive or receptive anal intercourse) change as a result of seroconversion.
- Some of the study's conclusions include:
  - ⇨ People who have recently seroconverted pose a higher risk for infecting their partners.
  - ⇨ There is a clear need to identify recent seroconverters,
    - To counsel them as well as all people taking an HIV test regarding the higher risk of transmission for recent seroconversion.

- ⇨ The exact extent of people in the Seroconversion Period that may lead to secondary infections is unknown, but is suspected to be significant.
- ⇨ Post seroconversion risky behavior drops, but over time increases.
  - We need to get people into counseling before seroconversion and continue the counseling after seroconversion.

The following questions were discussed:

- Ken Pearce asked for more detail regarding the participants.
  - ⇨ Grant Colfax responded that the eligibility criteria were that participants began the study with an HIV Negative serostatus, and were not in a mutually monogamous relationship.
  - ⇨ Grant Colfax also stated that the mean was the early 30's, participants were ethnically diverse (70% white), and 2% of the participants seroconverted during the study (higher than the general population).
- Andre Robertson asked about other risk factors, including drugs.
  - ⇨ Grant Colfax responded that the researchers didn't see a trend in drug use, but that the sample was small and the men weren't recruited because of their drug use.
- Responding to Marcel Miranda, Grant Colfax said that copies of the slides used in his presentation are available to Members, to contact Tracey Packer. Update: These have been sent to members.
- Ari Bachrach asked if the study looked at the number of sexual partners.
  - ⇨ Grant Colfax stated that they hadn't quantified but suspects that the number of sexual partners decreased upon known seroconversion.
- Michael Cooley asked if younger people reacted differently to knowledge of seroconversion.
  - ⇨ Grant Colfax stated that the study didn't find a difference in either sexual behavior, or in the serostatus of partners, but that sample was small.
- Lyn Fischer asked if there were other markers of STDs increasing before seroconversion.
  - ⇨ Grant Colfax stated that there were no precursors, but that people who get STDs are more likely to seroconvert.
- Steve Gibson asked if there were observed changes in participants' social networks before and after sero-conversion.
  - ⇨ Grant Colfax responded that he concluded that social networks didn't change due to seroconversion, because serostatus of partners didn't change, but the study did not look specifically at social networks.
- Israel Nieves-Rivera asked if the same people's actions where changing, as opposed to cumulative changes and asked which way the data was being studied.
  - ⇨ Grant Colfax stated that changes were tracked in individual people.
- In response to Tae-Wol Stanley's question regarding seroconcordant relationships, Grant Colfax stated that the study was before recent reports of "*super infection*" and that the study did not look specifically at this issue.
- Responding to Lyn Fischer's question, Grant Colfax stated that participants were not recruited from the City Clinic Cohort.

HIV PREVENTION PLANNING COUNCIL
Minutes
November 14, 2002

Presentation of Acknowledgements for 2002 Work
Certificates of Appreciation were presented to all Council Members that served on the Council for 2002.

* Certificates to be sent to absent Members.

Certificates of Appreciation were also presented to consultants.

The Council gave special thanks for the continuing help provided by the HIV Prevention Staff.

Adjournment
Meeting adjourned at 5:13 PM
Minutes prepared by David Weinman
Minutes reviewed by Tracey Packer and Israel Nieves Rivera.

Reminder: The next HPPC meeting will be held on Thursday, January 9, 2003, 3:00-6:00 PM, location TBD.

HIV Prevention Planning Council Meeting
January 9, 2003
The San Francisco LGBT Community Center
Ceremonial Room, 4th Floor
1800 Market Street, San Francisco
865-5555

Draft Agenda

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	**Food, Welcome, Introductions, Announcements**	Steven Tierney
3:25 pm	**Approval of Minutes of November 14, 2002** *VOTE*	Steven Tierney
3:30 pm	**General Public Comment**	Steven Tierney
3:40 pm	**Member Response to Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	All
3:45 pm	**New Business: Member Input to the Parking Lot** Objective: To suggest topics for the HPPC to discuss on future agendas. Members vote to add items to the Parking Lot. *POSSIBLE VOTE*	Steven Tierney
3:55 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To ensure that HPPC members are aware the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. *VOTE*	Steven Tierney
4:10 pm	**HIV in San Francisco: An Update for the HPPC**	Steven Tierney
4:45 pm	**Break**	
5:00 pm	**HIV Prevention Funding in San Francisco**	Marise Rodriguez, HIV Prevention Section
5:25 pm	**Community Liaison Committee Report: Highlights and Recommendations from Community Meetings in 2002**	Community Liaison Committee
5:50 pm	**Closure and Evaluation**	Steven Tierney
6:00 pm	**Adjournment**	All

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Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:

Full Council: Thursday, **February 13, 2003,** 3:00 – 6:00 PM, Location TBD

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us.

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

HIV PREVENTION PLANNING COUNCIL

Minutes

January 9, 2003

The next HPPC meeting will be held on **Thursday, February 13, 2003**
3:00 - 6:00 p.m.
Mayor's Conference Room, Room 201, City Hall

Members Present
Barbara Adler
Chata Ashley
Ari Bachrach
Teresa Betancourt
Gayle Burns
Edward Byrom
Aaron Cohen
Michael Cooley
Michael Discepola
Lyn Fischer
Steve Gibson
Janetta Johnson
Thomas Knoble
Marcel Miranda
John Newmeyer
Israel Nieves-Rivera
Ken Pearce
Andre Robertson
Rebecca Rodriguez
Gail Sanabria
Mike Schement
Gwen Smith
Tae-Wol Stanley
Frank Strona
Steven Tierney
Hank Wilson

Members Absent
Erick Brown
William Cochrane
Paul Harkin
Robert Gomez
Joani Marinoff

HIV Prevention Section:
Betty Chan Lew
Eileen Loughran
Tracey Packer
Lisa Reyes
Teri Dowling
Elizabeth Davis
Marise Rodriquez

Guests
Erin Antunez, Glide
Maricarmen Aryona, UCSF-CAPS
Mathew Bajko, Bay Area Reporter
Walter Millerum, HSPC Alameda County
Brad Hume, CARE Council
Amanda Elder, A&PI Center
Susan Esposito, Community Mental Health
Sandy Schwarcz, SFDPH AIDS Office

Process Evaluation Team
Kevin Roe
Pamela Washington
Emalie Hurieaux

Harder + Co.:
Dara Coan
David Weinman

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Meeting called to order at 3:04 PM by Steven Tierney.

Welcome:
Steven Tierney chaired the meeting. He greeted the attendees and told them that this meeting would provide an overview of how the Council is organized and present a summary of the state of HIV in San Francisco. He noted that each Council Meeting this year will have a specific focus, relating to the Council's Mission and Objectives. He also pointed out that the beginning of each calendar year marks the commencement of a new Council; that while Members can serve for several years, each year is planned individually.

HIV PREVENTION PLANNING COUNCIL

Minutes

January 9, 2003

Steven Tierney read the Council's Mission Statement:

The mission of the HPPC is to plan and prioritize HIV prevention services for the City and County of San Francisco within the existing policy environment, with the ultimate goal of eliminating new HIV infections in San Francisco.

The **purpose** of the HPPC is to:

- Develop, update, and implement San Francisco's Comprehensive HIV Prevention Plan.
- Identify existing community resources to respond to the HIV epidemic.
- Establish priority HIV prevention needs of populations in San Francisco affected by HIV/AIDS.

Steven directed Members' attention to their orientation packets. He highlighted the Community Planning Process:

- The Council reviews surveillance information by discussing it and complements it with Members' experience.
- From which a Comprehensive HIV Prevention Plan is created.
  - ⇨ The Plan is re-written every three years.
  - ⇨ It is updated annually.
- The Council then reviews the Health Department's application for funding to the Federal Government.
  - ⇨ This is due in September, so the Council's review takes place in late spring and summer.
- Programs funded by the Health Department are reviewed based on the work and recommendations of the Council.
- The cycle is intended to provide the Council with the ability to continually review and adjust the various programs to meet the community's needs.

HIV in San Francisco: An Update for the HPPC:

Steven Tierney explained that the Council Co-Chairs thought it best to begin the year's work with a review of the data regarding HIV in SF and so invited Sandy Schwarcz of HIV/AIDS Statistics and Epidemiology, in the SF AIDS Office to make a presentation.

Sandy Schwarcz provided copies of the last report on the Status of HIV in San Francisco. She explained that a newer version of this report is expected out shortly. She also told Members that if they have questions they may call her at 554-9000 or e-mail her @ Sandy.Schwarcz@sfdph.org. *Update*: A copy of the presentation was e-mailed to all HPPC members.

The following are highlights of the presentation.

- There are a number of ways the AIDS Office gathers information on HIV in SF, including:
  - ⇨ From AIDS Case Reports,
  - ⇨ HIV Prevention & Incidence Studies.
  - ⇨ Behavioral Surveys,

- ⇨ Independent Studies, some in collaboration with the AIDS Office,
- ⇨ Data collected regarding STDs
  - Used as a marker regarding unsafe sexual practices, and
- ⇨ HIV Case Reporting – which provides data on the future of AIDS.

- Incidence and Prevalence of AIDS, 1980 – 2002
  - ⇨ Number of new cases peaked in '91.
  - ⇨ Number of deaths crested '92-94.
    - Big drop after '94 due to the introduction of HAART.
  - ⇨ Number of people living with AIDS still increasing.
    - Approximately 9,000 people living with AIDS in SF.
    - Approximately 18,000 people are living with HIV/AIDS.
- Number of Cumulative AIDS Cases and People Living with AIDS:

	Cumulative AIDS Cases	People Living with AIDS
Men	26,578	8,303
Woman	1,072	541
TG	273	143

  - ⇨ Number of transgender cases are underreported due to inconsistencies in medical records, which prior to '96 did not include transgender as a catagory
- Number of Cases by Risk Category:

	Cumulative AIDS Cases	People Living with AIDS
MSM	21,415	6,574
MSF-IDU	3,360	882

  - ⇨ There are very few cases in other risk categories.
  - ⇨ In response to a question, Sandy Schwarcz reported that the numbers reported here are from the beginning of the epidemic through 2001, and that the numbers are AIDS cases (as defined by CDC) not HIV infection.
- Male Incidence by Race (AIDS)
  - ⇨ Incidence is declining amongst all race groups.
  - ⇨ Early in the epidemic incidence was higher among White men.
  - ⇨ Over time the numbers have equalized.
    - In 2001 the incidence of AIDS in the African American male community surpassed the White male community.
- Female AIDS Incidence by Race:
  - ⇨ Incidence is much higher among African American woman than other ethnicities.
- Private Health Insurance Coverage, by Gender
  At the time of diagnosis:

Male	Female	TG
44%	18%	11%

  - ⇨ About half of the woman had some form of publicly funded insurance.
  - ⇨ Over half of the transgender AIDS cases had no insurance.
- The Percentage of Homeless People Living with AIDS:
  - ⇨ The percentage has been increasing since '92.
  - ⇨ Between 2000-01 the percentage was stable at 14%.

- ⇨ There is some expectation that the percentage will increase at the next survey.
- Sexual Risk Behavior Among MSM
  - ⇨ Reported incidence of Protected and Unprotected Anal Sex both increased between '95-01.
- Primary and Secondary Cases (early stages) of Syphilis among Gay Men:
  - ⇨ Increased from almost no cases in '96 to 300 reported in '02.
  - ⇨ 92% of all reported Syphilis in SF is among Gay Men.
  - ⇨ In response to a question Sandy Schwarcz reported, and Lyn Fischer confirmed, that the rate of growth in Syphilis cases is growing exponentially on a month-to-month basis.
- History of HIV in San Francisco:
  - ⇨ Peaked in the mid '80's at about 8,000 new infections per year.
  - ⇨ Number of new infections stabilized through the mid '90's.
  - ⇨ From '98 onwards there has been an increase in the rate of new infections, particularly among Gay Men.
- Estimated Percentage Rate of HIV Seroconversion in SF - 1997 vs 2001

MSM	MSM-IDU	IDU	MSF	TG
1.1 - 2.2	2.4 - 4.3	1.0 - .075	0.0 - 0.01	X - 7.3

  - ⇨ Note, data was not collected on the transgender community in 1997.
  - ⇨ Seroconversion among MSM is highest in men in their mid 20's to mid 30's (25-32).
  - ⇨ There isn't enough reliable data to provide race/ethnicity breakdown.
- Kaplan-Meier Survival Curve:
  - ⇨ Examines the survival rates of people diagnosed with AIDS, by race.
  - ⇨ African-American men are lower on the curve, or have a shorter life expectancy, than any other ethnic group.
    - Five years after diagnosis the difference is small, but significant.
- Map of HAART Use by Neighborhood:
  - ⇨ Lowest proportion of HAART Use to AIDS incidence is in African American neighborhoods.
  - ⇨ Race doesn't have anything to do with survival, but use of medications does.
    - Use of HAART is a reliable indicator of longer survival.
  - ⇨ In response to questions, Sandy Schwarcz noted that there are many factors contributing to the low proportion of African American men using HAART and the resultant low survival rate.
- Update on HIV Reporting:
  - ⇨ Reporting of HIV infection initiated in July 2002.
  - ⇨ Unlike AIDS, HIV infection wasn't tracked, or reported.
    - Estimated 6,000-8,000 cases of HIV (not progressed to AIDS) in SF.
    - Also estimated that 6,000-7,000 of these people are aware of their status.
  - ⇨ The AIDS Office gets reports from labs, physicians, clinics and others.
    - Reports are supposed to be filed when a Viral Load test is performed, or an HIV test result shows positive results.
  - ⇨ Not all physicians are actually reporting.
  - ⇨ HIV infections are also reported by AIDS case investigation.

- Does Reporting Deter Testing?
  SF HIV Testing Survey '01 showed:
  - ⇨ Good testing rate – based on the percentage of people getting tested,
  - ⇨ People didn't know about the California reporting regulations to this degree:
    - 6% of Gay Men,
    - 10% of Heterosexual Men, and
    - 17% of IDU were aware of the regulations.
  - ⇨ Percentages were a little higher for AIDS reporting awareness.
  - ⇨ Interviewed approximately 300 people.
    - 2% did not test in the past 12 months due to fear of reporting (both IDU).
  - ⇨ In response to a question, Sandy Schwarcz stated that they collected data which is not yet compiled for reporting, including on race.
- Does Reporting Deter Testing?
  Anonymous & Non-Anonymous Testing:
  - ⇨ There was not a significant change in number of tests between 2001 and 2002 in either the Anonymous or confidential sites.
- Summary:
  - ⇨ New AIDS cases continue to decline.
  - ⇨ No cases of pediatric or transfusion cases.
  - ⇨ Non-MSM IDU rate is stable.
  - ⇨ No cases among pregnant woman.
  - ⇨ Heterosexual transmission very low.
- Epidemic Trends:
  - ⇨ Transmission continues to rise among the MSM, MSM-IDU and transgender populations.
  - ⇨ Increase in the number of people living with HIV/AIDS.
- Summary of Prevention Challenges:
  - ⇨ Federal regulations limiting the kinds of messages that are permitted.
  - ⇨ Difficulty collecting data for evaluation at least partly due to funding cutbacks in Client Services organizations.

Questions

- In response to Ari Bachrach's question, Sandy Schwarcz stated that income data was not collected.
- Janetta Johnson asked why transgender data wasn't captured in the reporting study.
  - ⇨ Sandy Schwarcz said that it is a small population, and hard to reach.
  - ⇨ She also stated that Medical Records often report gender without notation of transgender status.
- Ken Pearce asked if there were higher HIV Positive results at the confidential test sites.
  - ⇨ Sandy Schwarcz indicated that there are, partly because many people go to these sites for confirmation of what had already been reported to them.
- Andre Robertson asked for information regarding what accounts for longer survival, particularly for IDU.
  - ⇨ Sandy Schwarcz responded that lack of care is most certainly the leading contributor to shortened survival.

- ⇨ Hank Wilson stated that the use of Crack Cocaine (Crack) also contributes.
  - Sandy Schwarcz stated that this could be.
  - She stated there is nothing biologically different in the studied population, but African Americans are less likely to get medical treatment.
  - She also indicated that more studies are needed to quantify the causes.
  - In response to Hank Wilson's question, she stated that the AIDS Office doesn't collect information on Crack use.
- Steven Tierney stated that because Sandy Schwarcz crowded schedule her time at the Council Meeting had to be cut short, and that Members can submit questions through the Prevention Staff that will be forward to her for later response.

Introductions, Announcements:

Steven Tierney noted that the agenda's order was altered to accommodate Sandy Schwarcz's schedule, and that Council Meetings usually begin with Introductions and Announcements. He asked each Member to introduce themselves, indicate what organization they work with, and to briefly share a question or thought on the Status of HIV in SF presentation.

- Steven Tierney, Co-Chair of HPPC and with SFDPH AIDS Office, stated concern regarding the survival rates in the Bayview/Hunter's Point (BV/HP) due to the low usage of HAART.
- Israel Nieves-Rivera, Community Co-Chair of HPPC and with AGUILAS stated that the need for better and consistent tracking of information on Transgender individuals across all health and city services.
- Steve Gibson, Castro Guys, questioned what part of the use of meth-amphetamines (Speed) is playing in the epidemic; is it the use of the drug, or the behavior of users under the influence of the drug?
- Tae-Wol Stanley announced that he is now working at the DPH, and stated that the presentation pointed out a relationship between survival rates and HAART as well as a discrepancy in HAART's use in various neighborhoods.
- Michael Discepola, REACH Program at AIDS Health Project, stated he was struck that budgets are being cut while infection rates are going up. He added that this makes HPPC's role more challenging.
- Aaron Cohen, independent Health Consultant, indicated that the presentation pointed out that there is still a need for HIV prevention messages directed to the MSM community.
- Rebecca Rodriguez, Health Initiatives for Youth (HIFY), said that the presentation reiterated that the BV/HP is a real concern.
- Teresa Betancourt, San Francisco State University, stated that the BV/HP is a concern and that there is not enough information getting into that community, nor is there enough testing.
- John Newmeyer, Haight-Ashbury Free Clinic, stated that the information presented shows that the epidemic is getting worse, not better, for the Gay Men's community.
- Edward Byrom, Westside Community Mental Health Center, said that the presentation's data is alarming.

- Ken Pearce, Community Member, stated that he was struck by the increase in Syphilis, which could be a precursor for what might be coming.
- Janetta Johnson, Community Member, stated that the presentation pointed out that there is need for a better way of tracking the epidemic in the transgender community.
- Marcel Miranda, Glide, stated that he was taken by how much work there is to be done, and how the Council must examine its priorities.
- Frank Strona, Walden House, asked if occasional drug users are being addressed by prevention messages, which seem directed to drug users who are more consistent. He also noted that there is a rise in infection in the face of an increase in the number of messages.
- Hank Wilson, Tenderloin AIDS Resource Center (TARC), stated that reaching people in the BV/HP is a daunting task.
- Barbara Adler, AIDS Health Project, said that the information looks like information she has seen for many years, and that the Council needs to look for co-factors,
- Lyn Fischer, STD Prevention and Control, said that she is alarmed by the increase in the rates of Syphilis in the MSM community, and also its growth in the Latino and Youth communities.
- Thomas Knoble, said that a holistic approach is needed to confront the current rise in infection.
- Gayle Burns, Native American AIDS Project (NAAP), stated that she would like to see the "*other*" category eliminated in such reports. She also said that information regarding transgender particularly caught her attention.
- Chata Ashley, Community Member, stated that he was concerned by the lack of information regarding the Native American community.
- Gail Sanabria, State Office of AIDS, stated that she too is concerned about the BV/HP neighborhood as well as the rise in Syphilis cases.
- Michael Cooley, Bay Area Positives, stated that he is most concerned with the reported 67% of the Syphilis cases being among HIV Positive men, which indicates a lack of barrier use.
- Andre Robertson, Black Coalition on AIDS, said that he is most concerned with the low survival curve among African American (AA) men as there is a great deal of misinformation in the AA community and a distrust of the Healthcare system.
- Ari Bachrach, HIFY, stated that he was concerned about the rising statistics among AA woman. He also asked how the Council is going to address non-medical issues that contribute to lack of AIDS treatment.
- Mike Schement, Community Member, said that he would like to see more information regarding non-IDU among MSM.
- Gwen Smith, Community Co-Chair of HPPC and Southeast Health Center, stated concerns with the growing epidemic in the BV/HP.

Steven Tierney explained that if non-council members wished to pose a question to the Council they should execute a request form and give it to a Co-Chair or staff member. He also noted that non-council members' questions or comments would be discussed and included in the written notes reviewed at the next meeting. He then asked non-council member guests to introduce themselves, including what organization, if any, they represent.

HIV PREVENTION PLANNING COUNCIL
Minutes
January 9, 2003

Dara Coan announced that two working groups are being convened to give input to the SCANs in Bayview Hunter's Point and in the Tenderloin. She passed around sign-ups for each group.

Approval of Minutes of November 14, 2002:
Approval of the minutes was moved and seconded.
The minutes were approved by consensus.

General Public Comment:
There were no General Public Comments.

Member Response to Public Comment:
There was no Member response to Public Comment.

HIV Prevention Funding in San Francisco:
Steven Tierney introduced the subject by stating that the Council had asked the HIV Prevention Section of the AIDS Office to report how the funding in 2002 was allocated and spent relative to the priorities set – by Behavioral Risk Populations (BRPs). He pointed out that the funding is primarily from the CDC, and that all of the contracts have been let for a three-year period as funding allows. He then introduced Marise Rodriguez of the HIV Prevention Section.

Marise Rodriguez distributed a printed version of her presentation, a copy of which is provided for absent Members. She introduced her presentation by stating that great progress has been made adjusting spending to coincide with HPPC's stated objectives and goals. During the presentation some questions were raised and addressed and she offered additional clarification as follows:

- Responding to a question regarding the "*Total Number of Contacts*" of 364,370 Marise Rodriguez stated that this is a '*duplicate count*" -- one person contacted by a number of different agencies would be counted at each point of contact and multiple contracts are expected in Prevention.
- Responding to a question regarding the slide entitled, "*CTR-PCRS by BRP*" she stated that the axis on the left measures the number of agencies providing services to the BRPs.
- In response to a question about the acronyms used in the slide entitled, "*# of Agencies HIV Prev. SVCs*" she explained:

PCM = Prevention Case Management	IRRC = Individual Risk Reduction Counseling
VBIO = Venue Based Individual Outreach	NE = Needle Exchange
VBGO = Venue Based Group Outreach	HL = Hotline
VBGOSE = Ditto – Special Events (When the agency hosts an event)	CD = Condom Distribution
	SM/M = Social Marketing, Small Media
SSG = Single Session Groups	T = Training
MSW = Multiple Session Workshops	R = Retreats

  ⇨ Steven Tierney noted that acronyms are often used in Council and DPH documents and that rather than assuming one understands Members were encouraged to ask.

- Responding to a question regarding the transgender statistics in her report, Marise Rodriguez stated that the number are combined MTF and FTM; although elsewhere detail is provided showing the majority of services going to the MTF group.
- In regard to the slide entitled, "*Total % Funds by Tiers*" she stated that compared to the past, funds spent are very close to what the Council planned in making priorities.
- Responding to a question from Gayle Burns, Marise Rodriguez indicated that there is no further breakdown on the "*Multiple Race/Ethnicity (MRE)*" category in the database and includes all ethnicities not otherwise covered, multiple entries, or "*declined to state.*"
- In response to a question from Steve Gibson, Marise Rodriguez stated that the funding in her presentation does not include monies from Bristol-Myers Squibb.

Questions:

- Lyn Fischer asked if the data is based on agency projections.
  - Steven Tierney stated that they are.
  - ⇨ Following up, Lyn Fischer noted that later reports will be based on actual number reached (ELI), and asked if the Council could get copies of that data, when available.
    - Steven Tierney said that the data would be made available to Council Members.
    - He added that the numbers used are based on the contracted obligations of the service providing agencies; although some changes can occur.
- Teresa Betancourt stated that, based the two presentations at this Meeting, she would like to see what services are based in BV/HP and who is providing these services.
  - ⇨ Steven Tierney responded that there is currently a SCAN taking place in that neighborhood which should provide this information.

Announcements:

Steven Tierney opened the floor to Members wishing to make announcements pertaining to the prevention community. He noted that this is usually at the beginning of meetings.

- Frank Strona announced that Walden House, a residential recovery program, has an opening for a Counselor for the MSM/TG community.
  He also announced that there is a half-time position open in his office.
  - ⇨ Interested candidates should contact him or Gino at Walton House.
- Marcel Miranda announced that he would leave Glide at the end of January and that he has taken a position in STD prevention at City Clinic.
- Steve Gibson announced that Castro Guys would have two staff openings in May. These are for "Magnet" – the Gay Men's Health Center in the Castro, which is funded by Bristol-Myers Squibb and the Mayor's Office.
  - ⇨ The first position is for an Outreach worker,
  - ⇨ The other for a Project Coordinator/Concierge/Customer Service person.
  For more information, people should contact him directly.
- Lyn Fischer announced an opening for a Nurse/Practitioner would be posted shortly at the STD Prevention Department of SFDPH. Contact her for more information.

- Tae-Wol Stanley announced that the SFDPH - Housing and Urban Health, is looking to fill three full time positions:
  - ⇨ Licensed Social Worker,
  - ⇨ Registered Nurse, and
  - ⇨ Health Advocate.

  Contact him, or look on the Job Listing section of the DPH's Web Site, for more information.

New Business: Member Input to the Parking Lot:

Steven Tierney explained that this is one of the ways that items come to the full Council's agenda. He also explained that items can also be proposed through the various committees. He distributed a copy of last year's (2002) Parking Lot. He asked Members if they would like to put issues on the Parking Lot for 2003.

- Lyn Fischer moved that the Council be provided with an updated STD presentation to include youth in relation to HIV. The motion was seconded.
  - ⇨ There were no objections to the motion. The item will be put on the Parking Lot.
- Lyn Fischer noted that at the BV/HP Council Meeting the Council also agreed to get an update on the Chlamydia Study, when completed.
- Chata Ashley asked to have a presentation on how prevention fits into AIDS Vaccines.
  - ⇨ It was moved and seconded.
  - ⇨ There were no questions or objections. The motion was approved.
- Andre Robertson suggested discussion on the topic of MSM and non-IDU.
  - ⇨ It was moved and seconded.
  - ⇨ There were no questions or objections. The motion was approved.
- Janetta Johnson suggested the Council have a presentation on how Prevention Case Management was working in the transgender community.
- Janetta also asked about having a report on results of client satisfaction surveys conducted of service organizations.
  - ⇨ The motion was made and seconded.
  - ⇨ There were no questions or objections to these motions. Both items will be placed on the Parking Lot.
- Edward Byrom suggested the Council look at the Homeless population and their access to HIV healthcare.
- Edward also suggested the Council look at the over 50 population's access to HIV healthcare.
  - ⇨ Motion was made and seconded for these items.
  - ⇨ There were no questions or objections to these motions. Both items will be placed on the Parking Lot.
- Michael Discepola asked if the Steering Committee could discuss the Syphilis epidemic and how they would like to move forward on this topic.
  - ⇨ This was referred to the Steering Committee for discussion.

- Ari Bachrach suggested the Council and other Planning Councils explore ways to strategize and collaborate together.
  - ⇨ Steven Tierney explained that each year the Co-Chairs propose an Annual Work Plan to the Steering Committee, who reviews the suggestions, makes adjustments, and proposes this Plan to the whole Council. This document is not as yet ready for review by the whole Council, but will be soon. Collaboration with Planning Councils is included in that Plan.
  - ⇨ Steven Tierney also noted that Brad Hume of the CARE Council as well as Susan Esposito from the Mental Health / Substance Abuse Services Council were in attendance at the meeting; and that both organizations could are potential partners with HPPC – relationships the Council has been working on building.
- Frank Strona suggested discussion regarding positive sexual messages directed toward the MSM community, rather than messages centered on the risks in sexual behavior.
  - ⇨ It was moved and seconded.
  - ⇨ There were no questions or objections. The motion was approved.
- Michael Cooley suggested discussion regarding how funding streams may hinder getting positive MSM sex messages out.
  - ⇨ Marcel suggested a discussion around the CDC requiring messages about abstinence.
  - ⇨ Steven Tierney stated that this topic was also in the Annual Work Plan.
  - ⇨ Frank Strona said that there should be a separation of discussion between what messages are not allowed and generating a positive message.

Steven Tierney noted that all of the items approved above will be forwarded to the Steering Committee who will put these items on the Council's Agendas over the next few months. He also stated that it is the Steering Committee's duty to organize agendas and inform Members in advance so that all will be prepared to discuss those items.

HPPC Co-Chairs/Steering Committee Report:

Steven Tierney noted that ordinarily a report would be presented to the Council of the work done at the last Steering Committee Meeting. However, this being the beginning of a New Year, there has not been a Steering Committee Meeting since the last Council Meeting. Nonetheless, there were some items to discuss, as follows.

- Steven Tierney announced that he is a representative to the State HIV Planning and Prevention Group has also assumed the role of Co-Chair of the California Council.
- He also noted that there is good news from that Council:
  1. Drew Johnson, Director of Prevention for the State Office of AIDS, will come to SF Monday 1/13/03. He has an excellent understanding of urban HIV issues. He will also attend a SF HPPC Council meeting in the future.
     - He noted that HPPC Member Gail Sanabria is also a staff member to the State Group.
  2. At the December Meeting of the State Group there was a proposal to have each of the counties as well as the four cities represented (SF, Berkeley, Long Beach & LA) report on how much they are spending on services specifically directed to gay men. It was also

proposed that if the percentage of spending does not match the gay men percentage of incidence each jurisdiction is required to write a justification.

3. There was also a proposal to have all counties undergo training to heighten their awareness of the epidemic and how it is affecting their various populations.
   - This is particularly important as some counties reported that they have no HIV Prevention activities because they don't have any Gay Men.
4. There is a likelihood that due to budget constraints there will be cutbacks in all departments, including the State AIDS Office.
   - The State Planning Council is examining how cutbacks will be implemented.
   - There was a proposal that if there was a shortfall of funds that the first cuts would come from SF and LA.
     * That proposal was stricken from the Resource Allocation proposal.
   - If there is a shortfall cutbacks will be in over-funded counties based on their incidence of HIV, and then to all jurisdictions equally across the State.

UCHAPS

Steven Tierney also reported on HPPC's participation in the Urban Coalition for HIV/AIDS Prevention (UCHAPS). This is an organization put together at the impetus of SF and the other six CDC funded cities.

- The CDC allocates resources to the 50 States, US Territories, and 6 funded Cities.
  - ⇨ The cities were chosen because of the impact HIV/AIDS has had.
    - Houston, Chicago, NY, LA, Philadelphia and SF.
- Each city pays $10,000 per year in dues to UCHAPS.
  - ⇨ The funds do not come from funds at the table for this Committee, but from the City's General Fund.
- Last year this Council decided not to recommend payment of dues because Members did not believe the City was getting value.
- The problems at UCHAPS have been dealt with and this year UCHAPS is operating within the National Organizations Responding to AIDS (NORA) Coalition, which has a direct affect on the Federal funding stream.
- Steven Tierney suggests that it is important that the SF HPPC belong to UCHAPS this year.
- Each member city is entitled to have two council members, two government members, and one alternate on each side.
- The Steering Committee proposes to have current Co-Chair Gwen Smith join Michael Discepola as SF community representatives to UCHAPS with Israel Nieves-Rivera, also a serving Co-Chair, as the alternate.
  - ⇨ The motion was made and seconded.
  - ⇨ There were no questions or objections. The motion was approved.

March Meeting

Steven Tierney pointed out that the Council's March Meeting is, as always, scheduled for the second Thursday in the month. However, 3/13/03 conflicts with the Community Planning Leadership

Summit in NY. The Co-Chairs from all of the Community Planning Groups around the country are invited and encouraged to attend.

- The Co-Chairs recommend moving the March Council Meeting to 3/20/03.
  - ⇨ Michael Cooley and Thomas Knoble would not be able to attend on that date.
    - Their absences will be understood due to change in dates.
  - ⇨ The Steering Committee will formalize the arrangements.
- The SF Co-Chairs will attend the NY Meeting with Michael Discepola (UCHAPS rep.)
  - ⇨ Two names were drawn to also attend the meeting, one as a Council representative and the other as the 1st Alternate.
    - Ari Bachrach was drawn as the Council representative.
    - Ken Pearce was drawn as the 1st Alternate.
  - ⇨ As the State Prevention Group will provide Steven Tierney's trip, it was decided to have both Ari Bachrach and Ken Pearce go on behalf of SF HPPC and draw a 2nd Alternate.
    - Rebecca Rodriguez was drawn as the 2nd Alternative and will go if any of the others are unable.

Community Liaison Committee Report: Highlights and Recommendations from the Community Meetings in 2002:

Teresa Betancourt, Marcel Miranda and Rebecca Rodriguez of the Community Liaison Committee provided an overview of Community Meetings held during 2002.

- Marcel Miranda began by introducing the Committee members and thanking the other Co-Chair, Erick Brown. He also provided an overview of activities during 2002:
  - ⇨ The mission of the Committee was to go into the various communities and solicit feedback for the Council.
  - ⇨ Three neighborhoods were worked with in 2002:
    - Treasure Island (TI),
    - Bayview/Hunters Point (BV/HP), and
    - The Tenderloin (TL).
  - ⇨ The Committee explored each neighborhood and encouraged community members to become more involved with the HPPC.
- Teresa Betancourt and Rebecca Rodriguez reviewed the common theme found in these Community Meetings:
  - ⇨ There is a need to look at Mental Health in relationship to HIV.
  - ⇨ These communities all have a lot of people in transition.
  - ⇨ HIV Prevention is not a top priority.
    - Substance Abuse and Primary Healthcare are higher priorities.
  - ⇨ There is a consistent need for culturally competent outreach and harm reduction.
  - ⇨ There is also a need for CBOs to collaborate.
  - ⇨ And Funding is a consistent problem.

The following provides information about the Community Meetings –

Treasure Island

Teresa Betancourt and Rebecca Rodriguez provided the following highlights:

- ⇨ This was a Committee Meeting.
- ⇨ The population on TI is low income and isolated.
- ⇨ 15% are marginally housed and/or in recovery programs.
- ⇨ There are no HIV prevention services.

- Andre Robertson asked about the TI's demographics.
  - ⇨ Marcel Miranda stated that Community Leaders provided an overview to the Committee, but that the statistics will have to be forwarded to the HPPC later.
  - ⇨ Teresa Betancourt noted that it is a divided community made up of home-owners and people in transition.
- Lyn Fischer asked if there is a clinic there.
  - ⇨ It was reported that Tom Waddell Clinic, visits there, but not on a regular basis.
  - ⇨ Marcel Miranda stated that the health van (NHOW) could make regular stops at TI.
- Janetta Johnson noted that she lives there and that she hasn't heard of any prevention programs on TI.
- Teresa Betancourt stated that there needs to be some community building activities as well as HIV prevention services.

Bayview/Hunters Point

Teresa Betancourt and Rebecca Rodriguez provided the following highlights.

Issues:

- ⇨ September 2002 the Council Meeting was held there.
- ⇨ Poverty, disenfranchisement and unemployment are the top problems in the neighborhood.
- ⇨ They too feel isolated within SF.
- ⇨ HIV is not as high a priority as:
  - Mental Health Services,
  - Job Development/Placement,
  - Violence, and
  - Drug Use.
- ⇨ It is difficult to focus on HIV prevention when there are so many other priorities.
- ⇨ The neighborhood lacks culturally appropriate intervention.
  - Possibility of partnering/collaborating with non-traditional providers was discussed.

Needs:

- ⇨ Effective Outreach.
- ⇨ Integration of Services (Housing, Employment, Drug Abuse, Healthcare, etc.).
- ⇨ Credibility and trust in Healthcare providers.
- ⇨ Increase in Funding and Resources.
- ⇨ Technical Assistance to agencies.

- Michael Cooley asked for explanation of 'Technical Assistance.'

- ⇨ Teresa Betancourt explained that assistance is needed dealing with funding sources, including those within the City government structure, for instance writing and preparing grants, as well as issues such as staff development.

Recommendations:

- ⇨ Inclusion of neighborhood in SCANS.
- ⇨ Funding through mini-grants, for small projects.
  - The community sees building on such small projects as an effective way of addressing complex local issues.
- ⇨ Advisory groups to include community members, and members of the youth from BV/HP.
  - Must include *ownership* of the process by the community members.
- ⇨ Culturally specific technical assistance.
- ⇨ Viewing Health and Human Services as part of the way to deal with the HIV epidemic.
- ⇨ Dealing with Mental Health as an HIV prevention issue.

- Israel Nieves-Rivera noted that at the meeting several Community Members pointed out that HIV still has a significant sigma attached to it; including Homophobia, Transgender-phobia and phobias about who was getting services and who was providing it.
  - ⇨ He indicated that some of the attitude was a throwback to attitudes dealt with in the wider SF Community during the '80s.
  - ⇨ Marcel Miranda noted that Prevention in communities of color is very complex.
- Marcel Miranda also noted that he and the other Committee Members were gratified by the good Community turnout at the September meeting.
  - ⇨ He was, however, disappointed in the low turnout of Council Members.
  - ⇨ Nonetheless, he was impressed by the concerns and compassion the Community Members expressed and presented.
- Chata Ashley noted that there is a history of lack of trust in Healthcare providers in the African-American Community, as well as other minority communities.
  - ⇨ To change that stigma he suggested more involvement from Community Members in the provision of services.
- Andre Robertson stated that in LA many in the African-American community didn't want services provided locally because many people didn't want to be seen receiving those services. He asks if that is happening in SF too.
  - ⇨ Rebecca Rodriguez responded by saying that this was discussed at the September meeting and it is generally believed that some community members seek HIV specific services in other part of the City.
  - ⇨ Gwen Smith noted that the Southeast Health Center is a primary healthcare provider and that people wouldn't know which services are being received.
  - ⇨ Lyn Fischer said that she would have liked to hear from more from the people who are delivering the services.
    - Marcel Miranda agreed.

Tenderloin

Marcel Miranda provided these highlights of the Committee Meeting:

Issues:

- ⇨ Prevention needs a more holistic approach.
- ⇨ HIV prevention is not a priority.
  - Issues around survival are the priority in the TL.
- ⇨ Other pressing issues include --
  - Sex work and sex for drugs,
  - Homelessness,
  - Basic and primary healthcare,
  - Hepatitis A&B,
  - Abscess Care, and
  - Basic human needs like showers.

Needs:

- ⇨ There is need for harm reduction drug treatment.
- ⇨ There is also need for a health van for provision of health services.
- ⇨ There is a need for storefront HIV testing as well as testing at night.

Recommendations:

- ⇨ Direct communications with Community members.
- ⇨ Visiting program sites.
- ⇨ Support collaborations between service providers.
  - Including providing technical assistance to agencies.
- ⇨ Provide information on resources available in the Community.
  - Like shelter, food and medical care.
- ⇨ Sponsor forums to discuss population-specific issues.
- ⇨ Increase funding.
- ⇨ Discuss the relationship between Crack and HIV.
- ⇨ Send HPPC Agendas to Community Service Providers.

Questions & Comments

- Gwen Smith asked if NHOW Van funding has stopped.
  - ⇨ Marcel Miranda responded saying that NHOW is funded through 2003.
  - ⇨ Israel Nieves-Rivera asked if the Council could suggest it go to the TI?
- Teresa Betancourt stated that transgender services are being provided in the TL but not BV/HP, and such services are needed in the BV/HP and should be provided there.
  - ⇨ Tracey Packer pointed out that SCANS are to be conducted in both the TL and BV/HP, so that these issues will be researched in more depth.
    - However, TI is not scheduled for participation in the SCANS and the Committee will continue to look into that neighborhood's concerns.
- Teresa Betancourt also noted that the meetings held during 2002 were the most HPPC has conducted in neighborhoods. She stated that she thinks this is great and that the Council is moving in the right direction.
- She thanked Eileen Loughran, Committee Member and Tracey Packer HIV Prevention Section staff.

Closure and Evaluation:

Steven Tierney explained that part of the Council's procedure involved process evaluation. He explained that this helps the Council improve as well as being a requirement of the CDC. He introduced Kevin Roe who performs the evaluation.

- Kevin Roe distributed evaluation forms similar to those used at all Council and Committee Meetings.
- He explained that the comments solicited should be constructive with the aim of improving the Council's functions, and to reframe from personal attacks.
  - ⇨ Steven Tierney added that comments could be critical so long as they are constructive.

Adjournment:

Meeting adjourned at 5:38 PM
Minutes prepared by David Weinman
Minutes reviewed by Tracey Packer and Israel Nieves-Rivera.

Reminder: The next HPPC meeting will be held on Thursday, February 13, 2003, 3:00-6:00 PM, Mayor's Conference Room, Room 201, City Hall, San Francisco.

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HIV Prevention Planning Council Meeting
February 13, 2003
City Hall, Mayor's Conference Room, Room 201
San Francisco

Agenda

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	**Welcome and Review of Agenda**	**Gwen Smith**
3:25 pm	**Approval of Minutes of January 9, 2003** *VOTE*	**Gwen Smith**
3:30 pm	**General Public Comment**	**Gwen Smith**
3:40 pm	**Member Response to Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**All**
3:45 pm	**Scope of Work for 2003 and Committee Sign-Up** Objective: To outline the HPPC focus and objectives for 2003 and to select committee work for the year. *POSSIBLE VOTE*	**Gwen Smith**
3:55 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To ensure that HPPC members are aware the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. *VOTE*	**Gwen Smith**
4:15 pm	**Break**	
4:30 pm	**Introduction to Collaborative Meeting with the HIV Health Services Planning Council:** Introductions of Members of the Councils	**Gwen Smith, HPPC** **Brad Hume, HSPC**
5:00 pm	**Vaccine Trials: Overview, New Information, and Discussion Vaccine Trials: --** Jen Sarche, Community Educator of the SFDPH HIV Research Section and Edd Lee, Director of Education and Outreach of the AIDS Vaccine Advocacy Coalition will provide a presentation on the HIV Vaccine Research pipeline. *Public Comment on this Agenda Item*	**Jen Sarche and Edd Lee**
5:50 pm	**Closure and Evaluation**	**Gwen Smith**
6:00 pm	**Adjournment of HIV Prevention Planning Council Meeting**	**HPPC Members**

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UPCOMING HPPC MEETINGS:
Full Council: Thursday, **March 20, 2003,** 3:00 – 6:00 PM, Location TBD

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—San Francisco

HIV PREVENTION PLANNING COUNCIL

Minutes

February 13, 2003

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The next HPPC meeting will be held on **Thursday, March 20, 2003**
3:00 – 6:00 p.m.
Ark of Refuge, 1025 Howard Street, San Francisco

Members Present

Barbara Adler
Chata Ashley
Ari Bachrach
Teresa Betancourt
Erick Brown
Gayle Burns
Edward Byrom
William Cochrane
Aaron Cohen
Michael Discepola
Lyn Fischer
Steve Gibson
Robert Gomez
Paul Harkin
Janetta Johnson
Thomas Knoble
Marcel Miranda
Joani Marinoff
John Newmeyer
Israel Nieves-Rivera
Ken Pearce*
Andre Robertson
Rebecca Rodriguez
Mike Schement
Gwen Smith
Tae-Wol Stanley
Frank Strona
Steven Tierney
Hank Wilson

Members Absent

Gail Sanabria
Michael Cooley

AIDS Office:

Betty Chan Lew
Elizabeth Davis
Eileen Loughran
Tracey Packer
Lisa Reyes
Marise Rodriguez
Jen Sarche
Jim Stroh
Elliot Ramos
Doug Sebesta
Laura Thomas

Harder + Co.:

Dara Coan
David Weinman

Process Evaluation Team

Kevin Roe
Emily Huriaux

Guests

Randolph Allgaier – HHSPC
Margot Antonetty - HHSPC
Mathew Bajko, Bay Area Reporter
William Blum – HHSPC
Jeff Byers - HHSPC
John Conley - HHSPC
Mark Dunlop - HHSPC
Donald Frazier - HHSPC
Catherine Geanuracos - HHSPC
Mary Lawrence Hicks - HHSPC
Dave Hook
Brad Hume - HHSPC
Anthony Huynh - HHSPC
Charles Siron - HHSPC
Norman Tanner - HHSPC
Kevin Johnson – HHSPC
Edd Lee – AIDS Vaccine Advocacy Coalition
Loris Mattox – Westside Mental Health
Tracy Neil - HHSPC
Les Pappas - BWA
Charlene Pugh - HHSPC
Benjamin Franklin Reid III - HHSPC
Jorge Rodriguez - HHSPC
Lara Sallee - HHSPC
Mjay Sanders - HHSPC
Susan Shea - HHSPC
George Simmons - HHSPC
Eric Whitney - HHS PC
Tricia Turner – HHSPC

* - Member of both HHPC and HHSPC

Meeting called to order at 3:05 PM by Gwen Smith.

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HIV PREVENTION PLANNING COUNCIL
Minutes
February 13, 2003

Welcome:
Gwen Smith welcomed the Members and explained that the HIV Health Services Planning Council (HHSPC or Care Council) would join this Meeting. She noted that the HHSPC will have a separate meeting immediately following the HPPC meeting.

Approval of Minutes of January 9, 2003:
Motion was made and seconded to approve the minutes. Discussion followed.

- Michael Discepola questioned the commentary regarding UCHAPS (pg. 12).
- Steven Tierney stated that the Minutes accurately report his comments.
- Michael Discepola and Steven Tierney recommended clarifying notes be added to the February 13, 2003 HPPC Minutes.
  - ⇨ There was no objection to addition.

The Minutes of the January 9, 2003 meeting were accepted without objection.

Notes Regarding UCHAPS
Michael Discepola noted he and Gwen Smith are the HPPC representatives to UCHAPS and provided the following:

- ⇨ Each member jurisdiction pays $10,000.00 per year in dues to UCHAPS which is spent to cover the organization's dues as a member organization of AIDS Action.
- ⇨ Last year this council decided not to recommend payment of dues to AIDS Action, in part due to the lack of an executive director. The council did, however, recommend staying a member jurisdiction of UCHAPS; which has made structural changes to increase its overall impact on the HIV Prevention needs of Urban Centers throughout the United States.
- ⇨ Michael believes that many of the operational problems at AIDS Action have been resolved and a new executive director is in place. AIDS Action is well positioned to have a direct affect on the federal response to HIV Prevention.

General Public Comment:
There was no General Public Comment.

- Hank Wilson stated as a member of the public, he would like the Council to receive a presentation on interventions taking place on the Internet.

Member Response to Public Comment:
There was no Member Response to Public Comment.

Scope of Work for 2003 and Committee Sign-Up:
Gwen Smith introduced the Scope of Work for 2003. She stated that the HPPC is charged with reviewing the SF HIV Prevention effort, including:

HIV PREVENTION PLANNING COUNCIL
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1. The approved strategies and interventions, priority setting models, current epidemiology, and a needs assessment.
   - ⇨ These tasks become even more important HPPC goals due to the changes in the political, economic, and epidemiological climate in 2003.
2. The HPPC will publish the results of this years work, including its careful analysis of the political and economic environment and the changing face of the epidemic in a "San Francisco HIV Prevention Plan" to be written during 2003 and published in early 2004.
   - ⇨ This is the objective to which we are working.
3. The New HPPC Plan will be published in early 2004, the first year in a new CDC five-year prevention planning cycle.
4. The HPPC and the DPH will use the work reported in the New Plan in their future agendas, including RFPs and new services based on HPPC recommendations.
5. The magnitude and scope of this work requires that each Committee work toward this goal.
   - ⇨ The Steering Committee recommends the establishment of four Committees for 2003:
     1) HIV Prevention Research Plan Committee,
     2) HIV Prevention Policies Plan Committee,
     3) Community Liaison Committee, and
     4) Membership Committee.

- Israel Nieves-Rivera noted that a handout entitled, "*Proposed 2003 Scope of Work for HPPC*" providing a description of the four recommended Committees for 2003. This handout was also e-mailed to members earlier this week.

Motion was made and seconded to accept the recommendation. There were no questions. The motion unanimously passed by a roll call vote:

Yea	24	(All Members in attendance at the time of the vote.)
Nay	0	
Abstain	0	

Gwen Smith asked Members to sign up for Committee assignment.

- Steven Tierney explained that the Co-Chairs/Steering Committee will review the assignments to ensure '*Participation, Inclusion, and Representation (PIR).*
  - ⇨ He also explained that the Co-Chairs / Steering Committee will therefore make the final determination.
  - ⇨ He encouraged Members to sign up for all the Committees they are interested in, but that each Member will serve on only one Committee.
- Gwen Smith provided the schedule for the inaugural meeting of each of the Committees:
  - ⇨ <u>Community Liaison Committee</u> to meet Thursday, 03/06/03 @ 3:00- 4:30
    - Erick Brown will serve as Interim Chair for this meeting.
  - ⇨ <u>Membership Committee</u> to meet Monday, 02/24/03 @ 3:00 – 4:30
    - Gayle Burns will serve as Interim Chair for this meeting.
  - ⇨ <u>HIV Prevention Policies Plan Committee</u> to meet Tuesday, 02/25/03 @ 12:30 – 2:00 PM
    - Chata Ashley will serve as Interim Chair for this meeting.
  - ⇨ <u>HIV Prevention Research Plan Committee</u> to meet Thursday, 02/20/03 @ 5:00 – 6:30 PM
    - Frank Strona will serve as Interim Chair for this meeting.

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HPPC Co-Chairs/Steering Committee Report:
Gwen Smith noted that Members have received the Co-Chairs/Steering Committee Report by e-mail from Betty Chan Lew earlier this week. An additional report written by Steven Tierney was handed out during the meeting (a copy of which is enclosed for absent Members).

Steven Tierney provided commentary on the issues discussed at the Co-Chairs/Steering Committee Meeting:

1. San Francisco HIV Prevention Resources
   - The Federal government has not as yet finalized a prevention budget.
     - ⇨ Level funding is anticipated for prevention, although there is some discussion of 5% cuts for all domestic programs due to possible spending on war.
   - 2004 is the first year in CDC's five-year funding cycle.
     - ⇨ A proposal is currently circulating regarding the formula used to proportion funding to the jurisdictions.
       - If this proposal were to be implemented, SF could lose approximately $900K per annum while Miami and LA will get increases.
   - The current version of the State's budget does not call for a cut in funding, as yet.
     - ⇨ It should be noted that the State budget is $35B out of balance.
   - The City general fund budget reflects a cut of approximately $130K from prevention.
     - ⇨ There is a contingency budget that would require approximately $1M in reductions to HIV prevention.
     - ⇨ Similar cuts are taken from Substance Abuse and Mental Health Services in the contingency budget.
   - The Steering Committee suggested establishing a short-term Working Group to explore Resource Restructuring.
     - ⇨ A '*Sign Up Sheet*' was circulated.
     - ⇨ Absent Members, and Members who did not sign up during today's meeting should contact a member of the Professional Staff to be included in this Working Group.

   Questions/Comments:
   - Joani Marinoff noted that it is not helpful to have service organizations vie against each other for diminishing resources. She suggested the Working Group explore ways organizations can collaborate and make alliances.
   - Steve Gibson asked if Members can get a list of which organizations will have funding cuts from the City.
     - ⇨ Steven Tierney stated that the San Francisco AIDS Foundation Hot Line is currently the only proposed cut. He also noted that the Hot Line receives funds directly from the State.
2. Bristol-Myer-Squibb/San Francisco Joint HIV Prevention Project
   - Steven Tierney noted that there is one year left in this project, but that hopefully it will be renewed.

- He suggested that the Working Group examine how these funds are used, and make recommendations to the Council.
  - ⇨ There was no objection to this proposal.

3. "Party and Play"
   - Steven Tierney indicated that the community forum held to report results to this study went well and was the approach the Council has endorsed regarding research studies.
     - ⇨ Copies of the "*Party & Play Study: HIV Risk in a Late-Night Population of MSM*" Descriptive Results document prepared by Mike Pendo were available for attendees. Additional copies can be obtained by contacting the Professional Staff.
4. Prevention for Positives Project
   - Steven Tierney noted that the five-year CDC demonstration project will expire 12/31/03, and that the CDC will not renew funding.
   - He explained that the projects receiving support includes: the Neighborhood Health on Wheels' mobile van, Positive Force at Stop AIDS, the Provider Training done by AHP, the Youth At Risk to Care, at Bay Positives and HIV Stops with Me advertising campaign.
   - Funding for affected projects will hopefully continue from other sources, including some funding coming from the HPPC, which prioritizes prevention with positives.

   Questions/Comments:
   - Israel Nieves-Rivera noted that the State requires that 25% of prevention funding be spent on prevention for positives.
     - ⇨ Steven Tierney stated that the AIDS Office is currently determining how much is being spent on prevention specifically targeted to positives.
       - He believes it is more than the State's mandate.
   - Janetta Johnson asked if the Council has ever had a presentation from people doing prevention for positives.
     - ⇨ Elizabeth Davis responded stating that the Council has had such presentations but that an update would be useful.
     - ⇨ Janetta Johnson recommended the Council have an update.
   - Tracey Packer noted that this demonstration project was priority of the HPPC from 1998.
5. Directly Funded CBOs
   - Steven Tierney reported that the CDC was still working on the Cooperative Agreement guidance for directly funded CBOs and stated that this presents a challenge unless the current grants are extended. He felt that an extension was likely.
   - He also stated that this is an important source of funds – several millions to SF – targeted for communities of color.
6. Syphilis
   - Steven Tierney reported that SF has had more than 500 cases of Syphilis in 2002 among MSM. CDC has initiated a project a project for all cities with over 100 cases and obviously San Francisco will be included in the study.
   - The CDC project will develop in each of 8 cities a profile of who is currently getting syphilis and through which activities.
     - ⇨ He noted that the CDC is beginning to encourage integrated services at the client level.

- ⇨ He also indicated that jurisdictions may receive new funding to support integrated services between HIV and STD prevention efforts.

7 Staph Infections

- Steven Tierney noted that there is a current outbreak of Staph Infection (MRSA) which is serious, but treatable.
- He also stated that the DPH is monitoring the situation, but that it is too early to provide definitive information on the epidemiology of MRSA in SF.
  - ⇨ He indicated that as soon as reliable information is available it will be released to the media and on the DPH's Web Page.
  - ⇨ He also commented that a similar outbreak took place in LA and that of the approximately 900 cases all were connected to incarceration in the LA County Jail. Update: An update was e-mailed to HPPC on MRSA.

Questions/Comments:

- Frank Strona stated that there is a lot of misinformation circulating and that people involved with substance abuse are looking for information from DPH.
  - ⇨ Steven Tierney indicated that a DPH Advisory document should be out the following day, 02/14/03.
- Kevin Johnson asked how the Staph Infection is being spread.
  - ⇨ Steven Tierney reiterated that as soon as facts are known the DPH will send out an Advisory.
  - ⇨ He also indicated that there are rumors circulating that cannot be verified, or dismissed until the evidence is evaluated.
- Israel Nieves-Rivera reminded that attendees that there will be an Informational Meeting 02/18/03 at the LGBT Center.

7. CTR - Rapid Testing

- Steven Tierney reported that the requested waiver has been approved allowing tests to be administered without the presence of a licensed phlebotomist.
  - ⇨ However, California also has regulations regarding drawing blood for tests, and efforts are being made to accommodate Rapid Testing.
- He noted that no one is currently performing Rapid Testing.
  - ⇨ Rollout is expected in 60-90 days.
- He explained how test results will be handled:
  - ⇨ If the person's results are Negative, they are told immediately; and
  - ⇨ If the results are Positive it is described as "*preliminary*" and confirmatory test is ordered.
    - However, all of the details have not been worked out as yet.
- He also stated that the DPH is seeking a blanket waiver to cover all of its operations.

Questions/Comments:

- Hank Wilson commented that from a community point of view Rapid Testing is wanted ASAP, and that people are aware of the tests.

- ⇨ Steven Tierney advised that if someone states the he or she has had a Rapid Test, or knows someone who has, that is because there were some pilot programs running, but they are no longer in operation.
- Catherine Geanuracos announced that she has moved from Larkin Street Youth Services to UCSF Division of Adolescent Medicine.
  - ⇨ They are in the early stages of work on a project relating to HIV and Youth involving a lot of alliances.
- Israel Nieves-Rivera stated the DPH Advisory regarding Staph Infection will be forwarded to him. He will see to it that it translated in Spanish and sent to people on request.

Questions or comments regarding this information can be directed to Professional Staff, or directly to Steven Tierney on 415-554-9998 or Steven.tierney@sfdph.org.

Introduction to Collaborative Meeting with the HIV Health Services Planning Council:
Gwen Smith stated that this Meeting was an historic collaboration between the two Councils. It was noted that there had been collaborative meetings before, but this one involved most members of both Councils.

- She asked attendees to introduce themselves and opened the floor to general announcements.
- People around the room introduced themselves and provided which organizations, if any, they represent.

Announcements:

- Lyn Fischer distributed leaflets entitled, "HIV Exposure, How Can I Let My Partner Know?" These are being given out to people testing positive.
  - ⇨ She also noted that representatives of STD Prevention Section of DPH are available to make presentations for community organizations.
- Paul Harkin distributed information on transgender focused events planned for the last week in June. TARC is seeking organizations wishing to participate.
- Janetta Johnson announced that she has taken a position with Walden House.
- Marcel Miranda noted the International Bear Rendezvous (IBR) commenced 02/13/03.
- Frank Strona announced that in four to five months the Walden House will be opening up a residential recovery program specifically designed for the transgender community.
  - ⇨ He asked people to contact him directly to become involved with TAG, or for more information.
- Hank Wilson announced a Coffee Walk for people with AIDS, Saturday 02/15/03 between 1:00 and 3:00 PM. He noted that this is the first occurrence of the event, but they hope to do it often in the future. All are welcomed.

Vaccine Trials: Overview, New Information, and Discussion Vaccine Trials:
Gwen Smith introduced Edd Lee and Jen Sarche.

Edd Lee and Jen Sarche narrated the presentation, "*HIV Vaccine Pipeline: Information for Community Planners.*" The following is in addition to the information included on the slides.

- This presentation, and collaborative meeting of the Councils, is meant to provide some groundwork for reaction to an upcoming media release regarding the vaccine AIDSVax.
- Edd Lee noted that this media release is expected in the next two months from VaxGen, maker of AIDSVAX.
  - ⇨ Information regarding the efficacy of this vaccine is not available in advance of the media release.
  - ⇨ Nonetheless, it is doubtful that the results will show the vaccine to be either *'Highly Effective'* or *'Highly Ineffective'* as the trails would have been altered if it were found to be either.
- Scientific data, including peer review papers, will be published approximately a month after the media release.
- Depending upon the media's reaction, the public may need clarification of the implications of this vaccine.

<u>Questions and Comments:</u>

- Kevin Johnson asked about therapeutic vaccine currently being studied at UCSF.
  - ⇨ Jen Sarche responded explaining that this vaccine is in very early states of testing.
- Lyn Fischer asked about the implications to Rapid Testing, wondering if the vaccine will cause false negatives.
  - ⇨ Jeff Byers responded that the Rapid Test detects the presence of HIV antibodies that will also be present in people who have taken the vaccine. Such people will need to have the full HIV test, which is based on identifying the HIV's DNA.
- Steve Gibson stated that he is concerned about resultant behavior change among people at risk. He also expressed concerns that 30% efficacy is too low.
  - ⇨ Jen Sarche responded stating that mathematically 30% efficacy has been determined to be sufficient to stabilize the epidemic, particularly in many countries currently highly impacted.
  - ⇨ Edd Lee also explained that the FDA will not license a product below 30% efficacy.
- Steve Gibson reiterated that 30% seems low and asked if the AIDS Vaccine Advocacy Coalition supports that policy.
  - ⇨ Edd Lee replied that 30% is significant, and asked if it were available, who wouldn't want to take it.
  - ⇨ Jen Sarche questioned if the Councils would actually want to advise CDC that 30% efficacy was too low. Would that have any effect? What would be the consequences? Perhaps planning for the eventuality of it is a better use of limited resources.
- Tracy Neil asked what AIDSVax actually does.
  - ⇨ Jen Sarche explained that it is a synthetic viral material that triggers an immune response. She noted that the material is similar enough to the exterior of the HIV virus to allow the immune system to be prepared to respond to HIV.
- Tracy Neil followed up regarding side effects.
  - ⇨ In response, Jen Sarche stated that the side effects are relatively small and include some flu-like symptoms and soreness at the location of the injection.

- Tracy Neil then asked why the tests were conducted in the venues outlined: North America, Netherlands and Puerto Rico.
  - ⇨ Edd Lee stated that the places of test were chosen because VaxGen was able to conduct the tests there.
- Janetta Johnson asked if research shows significant changes in behavior after the use of the vaccine. She also questioned if there is likely to be changes similar to what was seen after the introduction of HIV medications.
  - ⇨ Jen Sarche stated that the preliminary results indicate that the risky behavior and seroconversion declines among MSM, at least in the short term after taking the vaccine.
    - She noted this is similar to results immediately after beginning HAART.
  - ⇨ She also recommended people check the Web Site (www.sfaidsresearch.org) for more detailed information.
- In response to a question, Edd Lee stated that information on efficacy by race or gender is not yet available.
- Marcel Miranda asked if the mathematical model shows that 30% efficacy, or greater, is sufficient to have a significant impact, have the model-makers figured out how much the vaccine will cost.
  - ⇨ In response, Edd Lee stated that the development costs of any vaccine runs in the tens of millions, if approved VaxGen will build a manufacturing facility in Korea, and that it has not been determined how it might be distributed on poor countries.
    - He added that there may be some sort of guaranteed purchase from wealthy countries, which would affect the cost.
    - He also noted that it has not been determined if health insurance in the US will cover the vaccine.
  - ⇨ In all, and in lieu of a release date being four or more years away, no cost estimate is currently available.
- Hank Wilson stated that he was offended by research that is not fully reported.
    - He added that over the years there have been various research studies of vaccines whose results have never been published, particularly about seroconversion.
    - He asserted that if there is information, it should be published.
  - ⇨ In response, Jen Sarche stated that the CAB process is open to the public.
    - She added that research guidelines are being prepared and will be published.
  - ⇨ Edd Lee also responded stated that the National Institutes of Health (NIH) publish Phase I & II data.
    - He added that this information is generally in scientific journals and doesn't always make it into the mainstream media.
    - He also noted that private companies are not required to publish the results of all of their research.
- Mary Lawrence Hicks asked what the issue are regarding Rapid Testing.
  - ⇨ Edd Lee responded that there would be a lot of false positives.
  - ⇨ Jen Sarche added that the Rapid Test looks for antibody response, the other test can tell the difference.

    - She also noted that if the vaccine is ever widely available, the use of Rapid Testing would change.
- Barbara Adler noted that positive preliminary test results requiring additional testing could add to service organizations' workload.
- Andre Robertson asked if the AIDSVax vaccine has application of sparking an immune response after contact.
  - ⇨ Edd Lee stated that the vaccine creates an antibody response before contact with HIV.
- Andre Robertson followed up by asking if there is any positive effect from after contact use of the vaccine.
  - ⇨ Edd Lee cautioned that the vaccine must not be seen as a '*Cure-All*.'
    - He stated that part of the challenge for AIDS Service Organizations would be to educate people as to the vaccine's limitations.
- Andre Robertson asked if the vaccine could be taken every two months.
  - ⇨ Edd Lee responded that such would not increase the efficacy since the first use would create the desired antibody response.
- Lyn Fischer stated that PEP has been 83% effective among healthcare workers, and asked if this has been looked at in conjunction with the vaccine.
  - ⇨ Jen Sarche stated that it has not as yet been looked at.
    - She noted that PEP would slow down the testing process.
  - ⇨ Edd added that this is not part of VaxGen's protocol.

Edd Lee distributed copies of a report regarding AIDSVax, a copy of which is included for absent Members. He also stated that people could find more information at www.AVAC.org.

Closure and Evaluation:

Israel Nieves-Rivera asked for feedback regarding the information provided in the meeting, the desirability of future collaborative meetings, and topics that would be useful.

- A Collaborative Meeting regarding Prevention for Positives was suggested.
- Steve Gibson suggested discussion regarding what happens after completion of research projects.
- Lyn Fisher suggested exploring early care.
- It was recommended discussing prevention and primary care.
- Margot Antonetty suggested the Councils meet collaboratively at least once a year.
- Laura Thomas stated that members of both Councils have expressed interest in discussing the needs of the transgender community.
- Catherine Geanuracos suggested the Councils share certain needs assessments – both the requirements and results.
- Janetta Johnson stated her support for both exploration of the transgender community as well as collaboration on needs assessments.

Adjournment:

Meeting adjourned at 5:50 PM

HIV PREVENTION PLANNING COUNCIL

Minutes

February 13, 2003

Minutes prepared by David Weinman
Minutes reviewed by Tracey Packer and Gwen Smith.

Reminder: The next HPPC meeting will be held on Thursday, March 20, 2003, 3:00-6:00 PM, Ark of Refuge, 1025 Howard Street, San Francisco, CA 94103.

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HIV Prevention Planning Council Meeting
March 20, 2003
Ark of Refuge (861-6130)
1025 Howard Street (Between 6th & 7th Streets)
San Francisco, CA

Agenda

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	**Food, Welcome, Introductions, Announcements**	**Israel Nieves-Rivera**
3:15 pm	**Review and Approval of Minutes of February 13, 2003** *VOTE*	**Israel Nieves-Rivera**
3:20 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**Israel Nieves-Rivera**
3:30 pm	**Member Response to Public Comment**	**All**
3:35 pm	**New Business: Member Input to the Parking Lot** Objective: To suggest topics for the HPPC to discuss on future agendas. Members vote to add items to the Parking Lot. *POSSIBLE VOTE*	**Israel Nieves-Rivera**
3:40 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To ensure that HPPC members are aware the activities of the Community Co-Chairs, the Steering Committee, and the HIV Prevention Section. *POSSIBLE VOTE*	**Israel Nieves-Rivera**
3:55 pm	**Special Presentation on Youth Issues in HIV Prevention**	**Community Liaison Committee**
4:10 pm	**Panel of Youth and HIV Prevention Providers Reaching Youth** **Questions for the Panel:** 1) What do you see as the HIV prevention issues for youth in the community? 2) What does your agency do to address these issues? Have you identified any barriers and/or trends that perhaps have not been considered? 3) What gaps do you see and what other services would you like to see available for youth in the community to address them? 4) What role do you see for the HPPC and DPH as your community partners? 5) What would you like to see (that speaks to the needs of youth) in the new HIV Prevention Plan?	**Community Liaison Committee and Panel of Guests**
4:40 pm	**Break**	

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4:55 pm	**Panel of Youth and HIV Prevention Providers Reaching Young People**	**Community Liaison Committee and Panel of Guests**
5:15 pm	**Discussion with Panel, Community Members, and HPPC Members**	**All**
5:35 pm	**Summary of Presentation-need splashier title**	**Rebecca Rodriguez, Co-Chair of Community Liaison Committee**
5:45pm	**Closure and Evaluation**	**Israel Nieves-Rivera**
6:00 pm	**Adjournment**	**All**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:
Community Liaison: Monday, **April 14,** 2:00 - 3:30 PM, 25 Van Ness Ave
Membership: Monday, **April 14**, 3:00 – 4:30 PM, 25 Van Ness Ave
Plan Policies: Tuesday, **March 25**, 12:30 – 2:30 PM, 25 Van Ness Ave
Plan Research: Thursday, **April 3**, 3:30 – 5:00 PM, 25 Van Ness Ave
Full Council: Thursday, **April 10,** 3:00 – 6:00 PM, Location TBD

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HIV PREVENTION PLANNING COUNCIL

Minutes

March 20, 2003

The next HPPC meeting will be held on **Thursday, April 10, 2003**
3.00 - 6:00 p.m.
City Hall, Room 201, San Francisco

Members Present:
Barbara Adler
Erick Brown
Edward Byrom

Aaron Cohen
Michael Cooley
Lyn Fischer
Steve Gibson
Paul Harkin
John Newmeyer
Israel Nieves-Rivera
Andre Robertson
Gwen Smith
Steven Tierney
Hank Wilson
Gail Sanabria

HIV Prevention Section:
Betty Chan Lew
Eileen Loughran
Tracey Packer
Lisa Reyes

Members Absent:
Chata Ashley
Ari Bachrach
Teresa Betancourt

Gayle Burns
William Cochrane
Michael Discepola
Robert Gomez
Janetta Johnson
Thomas Knoble
Marcel Miranda
Joani Marinoff
Ken Pearce
Rebecca Rodriguez
Mike Schement
Tae-Wol Stanley
Frank Strona

Process Evaluation Team:
Emalie Huriaux
Pamela Washington

Guests:
Jamal Bey - Ark of Refuge
Bart Casimir - Ark of Refuge
Rafael Canadas - of Proyecto Contra SIDA Por Vida
Catherine Geanuracos - HHSPC & UCSF
Antonio Kruger - Stop AIDS Project
Plunket Phommachanh – Stop AIDS Proj.
Deoaunta Lyons - YUTHE
Marcus Peppars - YUTHE
Shamone Pitre - YUTHE
Thomas Simpson - AFRO Solo
Edward R. Valasco-Adoles. Health Wkg Grp.
Walter Wallbury- Program Dir.
Alonzo Gallaread - YUTHE
Wanetta Davis - Forensics AIDS Proj.

Harder + Co.:
Dara Coan
David Weinman

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Meeting called to order at 3:06 PM by Israel Nieves-Rivera.

Welcome, Introductions, Announcements:
Israel Nieves-Rivera welcomed the members, staff, and guests to this meeting. He explained that the Community Liaison Committee organized the meeting in the community with the focus on youth issues in HIV prevention.

Participants introduced themselves and were provided the opportunity to make announcements.

Approval of Minutes of February 13, 2003:
Motion was made and seconded to approve the minutes. There was no discussion or comments offered.

HIV PREVENTION PLANNING COUNCIL
Minutes
March 20, 2003

The minutes of the February 13, 2003 meeting were accepted without objection, with Aaron Cohen abstaining.

General Public Comment:

- Thomas Simpson of AFRO Solo, an African American Soul performance group, noted the organization's upcoming arts festival, "*Slamming AIDS*" which will take place in August. The festival's purpose is to inform youth of HIV risks and prevention. It will be held in the Western Addition and will be comprised of performance and spoken word. More information will follow.

Member Response to Public Comment:

There was no member response to public comment.

New Business: Member Input to the Parking Lot:

Members were asked if they had addition to the 2003 Parking Lot. No suggestions were offered.

- Tracey Packer stated that a copy of the updated Parking Lot will be sent out to members by e-mail.
- Later in the meeting Michael Cooley suggested adding a discussion about developing a speaker's bureau to reach youth in schools, in place of the Wedge Project.
- Hank Wilson proposed adding the creation of videotape presentations; which may serve an alternative to a live presentation.

HPPC Co-Chairs/Steering Committee Report:

Copies of the report entitled, "*HIV Prevention Planning Council Co-Chairs'/Director's Report March 20, 2003*" was made available to all attendees (a copy of which was previously e-mailed to all members); discussion followed:

- Hank Wilson asked if the statewide meeting looking at the role of commercial sex venues in the transmission of Syphilis and HIV ('*Gay/MSM Advisory Committee*') is open to the public. He also asked who would represent San Francisco at that meeting.
    - ⇨ Steven Tierney responded that the State STD Branch and the State Office of AIDS are sponsoring the program, and that sex venue owners have been invited to participate.
        - He stated that it is his understanding that the meeting is open to the public.
        - He also noted that he will represent the SF DPH.
- Israel Nieves-Rivera noted that he recently participated in the Community Planning Leadership Summit (CPLS) at which it was generally recognized the amazing work being done in San Francisco; particularly in assessments, parity and participation.
        - * He conveyed sentiments shared by other participants about the good work done by this and past councils regarding written Plans and community planning.
        - He underlined that '*Accountability*,' is a word heard and mentioned often.
    - ⇨ He said that information regarding Internet based and youth interventions from the conference will follow;

- Steven Tierney stated that the current draft of the City's budget – although not as yet passed by the Health Commission – calls for a $1 million cut in the HIV Prevention Section's $3 million budget.
    - ⇨ He noted that another draft cuts the entire $3 million budget, on the premise that the HIV Prevention Section receives federal monies.
        - He pointed out that a complete cut seems unlikely, as needle exchange cannot be funded with federal funds.
- Israel Nieves-Rivera noted the formation and inaugural meetings of the Budget and Gay Advisory Committees.
- He also provided information regarding CDC's continuing funds for directly funded Community Based Organizations, including –
    - CDC is planning a five-year planning cycle
    - Western Regional Meeting 04/23-25/03 at Hyatt-Fisherman's Wharf.
        * He noted that it is open to public.
        * He also stated that he will represent the SF HPPC.
        * Contact Israel Nieves-Rivera for web site and more information. (Update: *www.cdc.gov/hiv/cboconsultation.html.*)

Special Presentation on Youth Issues in HIV Prevention:

Erick Brown chaired the agenda on this topic. Community participants introduced themselves and provided overviews of the services their organizations provide:

Youth United Through Health Education (YUTHE) SFDPH STD Prevention and Control
- Outreach
- STD screening;

Proyecto Contra SIDA Por Vida
- Drop-in services from 7:00 – 9:00 PM on Mondays
- One-to-one counseling
- Services for Queer Latino Youth (under 25);

Q-Action
- Youth Program at the Stop AIDS Project
- Targeted to Gay, Bisexual, Queer, and questioning young men 25 and under.
- Does outreach on the street, events, workshops, and a weekly "Guy Watch"
    * A non-alcohol social event which has been going on for over two years
    * Provided because there are few activities open to people under 21 in SF.

Erick Brown drew members' attention to the five questions included on the agenda and stated that those would shape the discussion.

1. What do you see as the HIV prevention issues for youth in the community?

- Shamone Pitre stated that in the Bayview Hunter's Point (BVHP) neighborhood they distribute information primarily on a one-to-one basis.

- ⇨ She noted that there is need among young people for education regarding HIV risk factors as well as about their bodies in general.
- ⇨ She pointed out that this community is dealing with a lot of shame and embarrassment, particularly regarding HIV.
  - Thus it has an extraordinary need for confidentiality.

- Andre Robertson asked if Chlamydia is still a big issue in the community.
  - ⇨ Deoaunta Lyons indicated that while it remains as a significant risk, progress is being made, particularly by encouraging youth to be tested.
    - He also noted that a lot of people in the BVHP do not have insurance.
  - ⇨ Lyn Fischer noted that the YUTHE group is actually working on the Chlamydia Elimination Project in the BVHP.
    - She added that the Council has asked for and will be given a presentation at the conclusion of the study.
    - She noted that preliminary indications are that rates are going down.
- Shamone Pitre stated that the biggest barrier to their work is people feeling safe talking, and that this requires time and getting to know the people.
- Rafael Canadas stated that HIV prevention doesn't stand alone, that many issues contribute to young people engaging in risky sexual behavior.
    - He added that self-esteem issues are very common among Latino youth.
    - He also pointed out the particular stresses 'coming out' puts on Latino youth.
  - ⇨ He noted that Methamphetamine (speed) is very popular in the Latino youth community, and that it no doubt adds to risky behavior.
  - ⇨ He also pointed out that Syphilis rates are rising.
  - ⇨ His approach to body awareness and self-esteem issues is to teach modern dance.
- Andre Robertson asked if Proyecto helps youth and their families with 'coming out' issues as well as HIV.
  - ⇨ Rafael Canadas stated that they do not have a specific program, but rather offer a Drop-In space for youth to talk about issues.
  - ⇨ He added that they do not have a professional counseling staff, but refers to other programs.
  - ⇨ He also noted that they provide services to Latino and African American queer youth as well as some straight youth and sex workers – particularly for condom distribution.
    - He said that if they come in service is provided, that people are not turned away.
- In response to Erick Brown's question, Rafael stated that speed is the drug of choice among queer Latino youth.
  - ⇨ In response to the same question, the YUTHE representatives concurred that Ecstasy and Marijuana are the favored drugs in the BVHP.
- Wanetta Davis noted that incarcerated youth tend to favor Speed or X and do not believe they are at risk because they are not injecting drugs/sharing needles.
  - ⇨ She urged educating youth regarding the risks of transmission.
- Israel Nieves-Rivera noted that there are no specific interventions developed that link individuals and families; that such would be complex and expensive.
  - ⇨ Nonetheless, he suggested the Council explore what such an intervention would look like.
  - ⇨ He also noted that dealing with a young person's situation – conceivably including housing, food, and life support – has not been explored relative to HIV prevention.

- Andre Robertson asked if there is an organization, such as PFLAG, dealing specifically with Latino youth that provides support when young people "come out" to their families.
    - ⇨ Catherine Geanuracos stated that she is working with a new Bay Area wide youth focused HIV prevention program, "*Connect & Protect*" at UCSF.
- Catherine Geanuracos also noted that she had worked at Larkin Street Project and found there to be a link between homelessness and risk behavior.
    - ⇨ Many young people get kicked out of their homes after disclosure of their sexual orientation.
    - ⇨ Getting youth into stable housing – such as shelters – reduces their risk.
    - ⇨ She also noted that homeless and marginally housed youth are particularly vulnerable, as they are apt to trade sex for shelter and drugs.
- Edward R. Valasco from the Adolescent Health Working Group stated that his program centers on providing health education – including about health insurance – to youth, enabling them to be responsible for their own health.

AHWG
- Research oriented
- "*Heads Up*" project deals with provider assessment, intervention and referral regarding suicide prevention
- Web Site www.ahwg.net; and

- Barbara Adler asked how to get youth interested in HIV prevention.
    - ⇨ Shamone Pitre responded stated that young people don't think about health.
        - She noted that the Chlamydia Elimination Program provides incentives – such as movie tickets.
- Responding to Andre Robertson's question regarding conducting workshops in schools Deoaunta Lyons stated that they do workshops, and the condom availability program at San Francisco high schools.
- In response to Israel Nieves-Rivera question, Deoaunta Lyons stated that acceptance of the information they provide is based on trust and a peer approach.
- Michael Cooley asked how to get straight identified MSM tested.
    - ⇨ Marcus Peppars said that it is very difficult to identify such activities in the BVHP, as there is a great deal of shame associated with sexual activities between men.
        - He added that confidentiality therefore is a very big issue.
    - ⇨ Rafael Canadas stated that there is a need for programs directed specifically to young sex workers, and other non-gay identified MSM.
        - He noted that within Latino families discussion of sex is taboo.
        - He also stated that in the community, penetrating sexual activities tend to be acceptable; but receptive ones are not.
        - He pointed out that as a matter of survival many straight identified young Latino men do sex work.
            - * Michael Cooley added that undocumented youth often turn to shelters or does sex work.
- Rafael Canadas added that there is need for programs to help youth over 18 find jobs.
    - ⇨ He recommended job readiness programs that help youth write resumes, cover letters and teach them how to present themselves for job interviews.

- He pointed out that this is something his organization is exploring.

- Community member guest Alonzo Gallaread (YUTHE Coordinator) stated that men in the BVHP have sex with other men without identifying the activity as gay or bisexual.
  - ⇨ He added that some of these experiences take place during incarceration, or when trading sex for drugs or money.
- Paul Harkin asked what outreach workers talk about with youth, specifically when addressing drugs or sex.
  - ⇨ Marcus Peppars stated that they do a peer approach, are aware of what people are doing, and don't preach.
    - He added that they don't tell people what to do, or not to do, but rather advise them what to look out for.
  - ⇨ Deoaunta Lyons said they provide information regarding the harms without judging.
  - ⇨ Rafael Canadas added that they do harm reduction; that too many "*Don't do's*" is ineffective, sets expectations too high, and leaves youth feeling powerless.
    - Paul Harkin noted that the advertising messages from federal agencies are guilt oriented.
- Israel Nieves-Rivera noted that some programs are multi-dimensional and some only address HIV prevention.
  - ⇨ He added that when funded only for HIV prevention, it is difficult to address many of the co-factors – providers only have so much time and resources available.

Erick Brown directed the discussion to the second question.

2. <u>What does your agency do to address these issues? Have you identified any barriers and/or trends that perhaps have not been considered?</u>

- Shamone Pitre started the conversation by saying that they use a short survey.
  - ⇨ She stated that the outreach workers have to establish themselves in the community, because the questions are very personal.
    - She added that it is helpful if the workers are from the community, and known by the clients.
  - ⇨ She stressed that confidentiality must be respected, and trust established.
- Steven Tierney asked how the providers get support, so that they aren't overwhelmed by what they have to deal with '*on the streets*.'
  - ⇨ Deoaunta Lyons stated that they support each other and that their team meetings help.
    - He added that it helps him to try to be a role model.
  - ⇨ Marcus Peppars said that they support each other by being there.
  - ⇨ Rafael Canadas said that he dances.
  - ⇨ Antonio Kruger stated that his program is volunteer-driven, and so provides a great deal of comradeship, like a second family.
    - He added that one sees oneself reflected in people the program deals with; adding that this is both a kind of prevention technique and support.
- Antonio Kruger said that one of the barriers confronting his program is population turnover; people tend to move in and out of SF.
  - ⇨ He added that prevention education in other parts of the country is often inaccurate.
- Wanetta Davis stated that people's perception of their risk is the greatest barrier.

- ⇨ Some don't realize that there is risk in having a high number of sex partners.
  - For females the situation is often that she has only one partner, who she may know has multiple partners, but asserts she trusts him.
- ⇨ She also noted that youth has particular difficulty seeing its own risk.
  - She related that she often hears a young man say, "She doesn't look like she's got AIDS."

- Responding to Andre Robertson's question regarding maintaining groups of volunteers, Antonio Kruger offered these ideas:
  - Doing fun stuff;
  - Doing different things;
  - Giving back to the community; and
  - Providing opportunity for people to meet others and make friends – outside of the confines of clubs or bars.
  - ⇨ He added that groups of volunteers provide ideas of what to do with the target population.
  - ⇨ He also noted that his group of volunteers has been fairly stable, and that the number of participants has lately been increasing.
- Lyn Fisher asked if the outreach workers have difficulty as being identified as 'Sex Cops.'
  - ⇨ Deoaunta Lyons said that they are see more as, " *The Condom People.*"
  - ⇨ Antonio Kruger added that people don't seem them that way, because they keep it fun.
    - He added that the program often provides people with their first opportunity to talk openly about sex.
    - He noted that the volunteers are seen as real, because they are from the community.
- Responding to Michael Cooley's question, Antonio Kruger said that Speed use sometimes comes up at Stop AIDS Project's events, and that some volunteers have experience with the '*Party and Play*' scene.
  - ⇨ He added that the press portrays all gay youth as being involved with Speed – and that this is not so.
  - ⇨ Steve Gibson added that the mainstream as well as the gay media often portrays youth as being the problem in the spread of HIV.
    - He added that one of the obstacles youth faces is the perception that they are not capable of taking care of their bodies – of being responsible.
  - ⇨ Antonio Kruger added that they did a survey that found that older people (over 35) saw youth as being at risk for HIV; whereas youth saw older people as being at risk.
    - He noted that this "other guy" perspective also applied to race and ethnicity.
- Catherine Geanuracos stated that a good deal of the risk comes from sex between youth and older partners.
  - ⇨ She wondered if prevention efforts should be targeted at these relationships.
- Steven Tierney stated that five years ago there were no drug/substance abuse programs for youth (under 21) in San Francisco; and questioned if this has changed.
  - ⇨ Deoaunta Lyons stated that they refer people to Walden House.
  - ⇨ Edward R. Valasco stated that it is difficult to identify a substance abuse referral for youth.

- ⇨ Catherine Geanuracos noted that youth does not fit in at adult substance abuse programs; there is a need for more specific programs.
- ⇨ Rafael Canadas stated that queer youth are often harassed at adult programs.
  - He added the only program he is aware of for youth is Walden House.

Erick Brown directed the discussion to the third question:

3. <u>What gaps do you see and what other services would you like to see available for youth in the community to address them?</u>

- Raphael Canadas said that there were gaps in services for queer Latino and African American Youth who are exploring transgender issues, or are in transition Male to Female.
  - ⇨ He noted that many are self-medicating with hormones and/or self-injecting silicon.
  - ⇨ He added that many of these youth are monolingual.
- Michael Cooley stated that it is difficult to get parental consent when dealing with youth under 18.
  - ⇨ Rafael Canadas stated that there is no program for young transgender, or queen men going through the transition process.
- Deoaunta Lyons stated that the issues being dealt with in the BVHP include violence, young women having sex with older men, and drugs.
- Marcus Peppars said that there are lots of programs for youth under 16, but very few for Youth between 17 and 25.
  - ⇨ He added that there is a need for more peer-to-peer conversation.
- Shamone Pitre stated that there is need for job placement services.
- Responding to a question from Andre Robertson, she added that mental health care for youth is needed, but not readily available.
  - ⇨ She added that mental health care is viewed as carrying shame; and that churches in the BVHP provide most such care.
- Edward R. Valasco said there is a need for more crisis intervention for suicidal youth.
  - ⇨ He noted that his program is working on a health guide/referral tool for youth, which will include mental health.
- Antonio Kruger stated that there is a need for youth activities, social spaces, and affordable housing.

Erick Brown directed the discussion to the fourth question:

4. <u>What role do you see for the HPPC and DPH as your community partners?</u>

- Israel Nieves-Rivera asked the participants if they had the resources necessary, what projects would they like to see done in their communities.
- Shamone Pitre said that she would like to see the violence in her neighborhood addressed.
  - ⇨ She explained that at present the outreach workers have to travel in pairs.
  - ⇨ She added that more outreach workers are needed.
    - Particularly as Sunnydale has been added to their project's venue.
  - ⇨ She also suggested use of a health van and other clean, comfortable, places to do screening and the like.
- Deoaunta Lyons suggested having programs for people over 16. He also would like to see youth programs focusing on:

- job placement / resume classes;
- computer literacy;
- sports, such as basketball; and
- mental health

- Rafael Canadas suggested programs for youth under 16, or for all youth under 25.
  - ⇨ He recommended using art to engage participants.
- Antonio Kruger proposed arranging for HIV positive youth to speak at high schools.
  - That, when possible, to match the speaker to the school's demographics.
  - Content should include how they are coping, how they seroconverted, and how they are taking care of themselves.
  - ⇨ He also suggested relevant media youth campaign, with posters on busses and perhaps TV or radio reflecting the City's diversity.
    - He noted that it is important to have real people in these campaigns.
  - ⇨ He also suggested getting youth to visit and get to know communities, other than their own, around the Bay Area.
- Shamone Pitre stated there is a great deal of art and culture in the BVHP, and it would be useful to have programs that support this.
  - ⇨ She added that this would help youth to learn to value themselves, their culture, their history and background.
  - ⇨ She said that youth need more opportunities for positive self-expression.
- Andre Robertson asked if the YUTHE project covers the Filmore neighborhood.
  - ⇨ Deoaunta Lyons stated that they do not, but that UCSF does outreach there.

5. <u>What would you like to see (that speaks to the needs of youth) in the new HIV Prevention Plan?</u>

- Rafael Canadas stated that efforts relating to HIV prevention should take a wider view; particularly addressing self-esteem.
  - ⇨ He said services should be directed to the issues that get in the way of HIV prevention.
  - ⇨ He added that dealing only with direct HIV prevention is too restrictive.
- Antonio Kruger agreed that everything needn't be directly about prevention.
  - ⇨ He noted that many things go into people's choices and opportunities.
  - ⇨ He added that most neighborhoods need more social spaces for people under 21; as well as alcohol free venues for people over 21.
- Catherine Geanuracos stated that HIV prevention is usually "the last thing" on young people's minds.
  - ⇨ She suggested the Plan look at outcomes as well as linkages across programs.
  - ⇨ She pointed out that some populations are high risk on a number of scales.
  - ⇨ Adding that service providers need to collaborate to reach those at risk across several categories.
- Edward R. Valasco stated that the Plan should empower young people to take care of their own health.
  - ⇨ He added that referral information and confidentiality play a key role in empowering young people.
- Lyn Fischer asked if the currently required client-level data collection puts up barriers

- ⇨ Raphael Canyaros said that yes, it does; adding that one can't engage in conversation while following a form.
  - He added that the structured form discourages many young people from getting services.

- Barbara Adler asked if young people would volunteer at agencies to enable them to gain job skills and experience.
  - ⇨ Rafael Canadas stated that he thought that they would, noting that volunteering is how he started.
    - He nonetheless added that some young people would have issues that could make community work impractical.
    - He also said that issues that are not dealt with when people are young will stay with them as adults.
  - ⇨ Emalie Huriaux stated that there are a lot of young people working illegally; in areas like sex work, that take a lot of time and energy.
    - She added that outreach takes a lot of psychological energy; more than most people have after working at something draining, like sex work.
  - ⇨ Catherine Geanuracos said that intake volunteers rarely encounter tough issues; those are usually hidden and take work to uncover.
    - She added that young people are good counselors.
- Catherine Geanuracos also noted that SF collects data on incidence and prevalence very differently than other jurisdictions.
  - ⇨ She pointed out that SF's data is based on behavioral risk populations, not on specific communities.
  - ⇨ She suggested that providers, and others, need to understand how and why SF's data collection differs from others'.
- Israel Nieves-Rivera stated that youth needs to be included in the work of the Council. He asked how to get more Youth participation as council members; if it is feasible. As an alternative, he asked if there should be a youth subcommittee.
  - ⇨ Rafael Canadas stated that the invitation to this meeting was the first he had even heard of HPPC.
  - ⇨ Antonio Kruger said that on one hand the Council is very official, and so somewhat intimidating. On the other hand, he added, being part of the Council is empowering.
  - ⇨ Lyn Fischer noted that young people often have children of their own, so including them in the Council's work could necessitate providing child-care.
    - She added that most agencies have youth representation and youth input to their prevention plans.
  - ⇨ Erick Brown stated that the Community Liaison Committee is looking at ways of including youth in the Council's work; including in a membership role or as an intern.
    - He added that the Committee is planning another council meeting focused on youth during the summer.
  - ⇨ Tracey Packer stated that youth is a high priority, and that the Community Liaison Committee is specifically working on getting more youth involvement.
    - She stated that interactive meetings like this are very useful.

- She also explained that representatives of the SF School District were invited, Kevin Gogin and Heather Howell, but they couldn't attend at the last minute due to their disaster planning role in response to the war in Iraq.

Discussion

- Hank Wilson expressed concern that the Wedge Program has been lost.
  - ⇨ He described the Wedge Program as a model program that was peer based, consciously multi-racial and ethnically diverse where young people talked to young people.
  - ⇨ He also stated that it may be due to this program's work that SF's youth infection rate is lower than many other cities.
  - ⇨ He stated that programs such as this should be fixed, not abandoned.
  - ⇨ He said that the HIV prevention community should learn from these experiences – what worked, what didn't.
    - He said that if a program isn't performing, the Council should tell the community.
    - He suggested doing an "autopsy" on the program.
  - ⇨ He also stated that since the Plan uses a model based on prevalence, when there is an effective program it may not be funded it because the infection among the target population decreases.
    - He noted that a recent journal article described the Wedge Program as effective.
- Michael Cooley stated that he had worked with Wedge, and that his program gets calls all the time for peer-based youth prevention.
  - ⇨ He added that the absence of the Wedge Program leaves a gap in youth services; particularly peer-to-peer communication of prevention messages.
- Erick Brown stated that he worked in a program that was "Wedge Certified," noting that this was a difficult and lengthy process.
  - ⇨ He added that many schools bypassed the Wedge Program, because it couldn't talk about condoms or distribute them; although it could talk about "Safe Sex."
  - ⇨ He stated that many programs also avoided Certification due to the restrictions it placed on them.
  - ⇨ He said that the program was not very effective for youth of color, or those highly urbanized.
- Israel Nieves-Rivera noted that, for the record, the Wedge Program was not "*de-funded*" but rather it was not "*re-funded*."
  - ⇨ He added that re-funding is not an issue if a program does its job.
- Antonio Kruger said that decreasing youth seroconversion rates is something to celebrate; but because people don't stay young forever, efforts must be continued and updated.
- Steven Tierney stated that the SF DPH has worked with staff from the Wedge Program over the last several years to assist them with accessing funding within the DPH, the CDC, and other funding sources.
  - ⇨ He noted that the Wedge funding decision was based on a score received when an independent review panel reviewed Wedge's application.
  - ⇨ He confirmed the DPH-AO commitment to youth services and stated that there are now more direct youth funds than in previous years.

- Bart Casimir stated that he was involved in the formation of the Wedge Program – including being one of its first speakers. He explained that its formation took a lot of work, and returned a high degree of satisfaction. He added that they did talk about condoms, even demonstrating how to put one using an acrylic penis.
    - ⇨ He said that he hopes the concept isn't lost.
    - ⇨ He also said that he is currently working on a mentor program at Ark of Refuge.
    - ⇨ He noted that mentors tend to have the same issues as those being mentored including self-identification, sexuality, and self-esteem.
    - ⇨ He also stated that unlike the program he is currently working on, some other programs match mentors without training.
- Hank Wilson said that Erick Brown's description of working with the Wedge Program is important.
    - ⇨ He added that it is interesting to see how it changed from its inception.
    - ⇨ He also stated that if a community values an organization it supports it.
        - He suggested DPH and/or the Council let the community know when a program is not doing well, and encourage community members to get involved.
- Barbara Adler thanked the youth community's participants for making the meeting very helpful; a sentiment which seemed to be shared by all Members present.
    - ⇨ In response to her question, Tracey Packer stated that the names and contact information on the participants is available and will be sent to members by Betty Chan Lew.

Adjournment:
Meeting adjourned at 5:40 PM
Minutes prepared by David Weinman
Minutes reviewed by Tracey Packer and Israel Nieves-Rivera.

Reminder: The next HPPC meeting will be held on Thursday, April 10, 3:00-6:00 PM, City Hall, Room 201, San Francisco.

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HIV Prevention Planning Council Meeting
April 10, 2003
3:00-6:00 pm
City Hall, Room 201
San Francisco, CA

Agenda

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	**Food, Welcome, Introductions, Announcements**	**Steven Tierney**
3:15 pm	**Process Evaluation Team Update** Objective. The Community Health Studies Group will report on changes in staffing within the team.	**Kathleen Roe**
3:20 pm	**Review and Approval of Minutes of March 20, 2003** ***VOTE***	**Steven Tierney**
3:25 pm	**General Public Comment** Objective· To hear the comments of members of communities on matters relevant to Council business.	**Steven Tierney**
3:35 pm	**Member Response to Public Comment**	**All**
3:40 pm	**New Business: Member Input to the Parking Lot** Objective: To suggest topics for the HPPC to discuss on future agendas Members vote to add items to the Parking Lot ***POSSIBLE VOTE***	**Steven Tierney**
3:50 pm	**HPPC Co-Chairs/Steering Committee Report** Objective. To ensure that HPPC members are aware the activities of the Community Co-Chairs, the Steering Committee, and the HIV Prevention Section. ***POSSIBLE VOTE***	**Steven Tierney**
4:05 pm	**Update on CDC Activities from San Francisco's Project Officer** Objective: To learn about the current work of CDC in HIV prevention.	**Tomas Rodriguez**
4:15 pm	**Report from the HIV/AIDS Research Section** Objective. Jen Sarche will inform members about current issues in the Research Section of the AIDS Office.	**Jen Sarche**
4:25 pm	**Report Back from the Resources Working Group** Objective: To hear about the progress of this HPPC working group that is planning for the current budget climate in San Francisco.	**Steven Tierney**
4:35 pm	**Plan Policies Committee: Update on Committee Work on Behavioral Risk Population Model** ***VOTE*** Objective: The committee will present its plan to continue using the behavioral risk population (BRP) model for priority setting while including the importance of the social context of identity and co-factors.	**Barbara Adler and Chata Ashley**
4:55 pm	**Break**	

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5:10 pm	**Syphilis, HIV, and Other STDs: Updates and Discussion on the HPPC Role in Addressing HIV and STDs** Objective: To discuss the connection between STDs and HIV and implications for communities	**Will Wong, STD Prevention and Control** **James Dilley, AIDS Health Project**
5:50 pm	**Summary of Meeting and Closing Comments** Objective: To summarize the outcomes of the meeting in relation to the HPPC goal of rewriting the HIV Prevention Plan to address the social, political, and epidemiological realities of HIV prevention and to identify the next steps.	**Steven Tierney**
5:55 pm	**Evaluation:** Please complete forms and hand-in to Process Evaluation Team.	**All**
6:00 pm	**Adjournment**	**All**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:
Community Liaison: Monday, **April 14**, 2:00 - 3:30 PM, 25 Van Ness Ave
Membership: Monday, **April 14**, 3:00 – 4:30 PM, 25 Van Ness Ave
Plan Policies: Tuesday, **April 22**, 12:30 – 2:30 PM, 25 Van Ness Ave
Plan Research: Thursday, **May 1**, 3:30 – 5:00 PM, 25 Van Ness Ave
Full Council: Thursday, **May 8**, 3:00 – 6:00 PM, Location TBD

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2003 HPPC Parking Lot

STD Update, including an update on youth and STDs
Discussion on HIV prevention and vaccines-February 2003
Discussion on MSMs and substance use
Discussion of PCM specifically for transgender MTF, including information gathered from client satisfaction surveys
Discussion on HIV and homelessness
Discussion on barriers to access to medical care
Collaboration with other planning councils
Discussion on the lack of positive sex messages for gay men
Funding and sex positive messages
Discussion on abstinence-based prevention
Discussion of HIV positive speakers bureau

- San Francisco

HIV PREVENTION PLANNING COUNCIL

Minutes

April 10, 2003

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1/10/03

The next HPPC meeting will be held on **Thursday, May 8, 2003**
3.00 – 6:00 p.m.
City Hall, San Francisco

Members Present:
Barbara Adler
Chata Ashley
Ari Bachrach
Erick Brown
Gayle Burns
Edward Byrom
Michael Cooley
Michael Discepola
Lyn Fischer
Steve Gibson
Robert Gomez
Paul Harkin
Janetta Johnson
Joani Marinoff
Marcel Miranda
John Newmeyer
Ken Pearce
Rebecca Rodriguez
Gail Sanabria
Mike Schement
Gwen Smith
Tae-Wol Stanley
Frank Strona
Steven Tierney
Hank Wilson

Members Absent:
Teresa Betancourt
William Cochrane
Aaron Cohen
Thomas Knoble
Israel Nieves-Rivera
Andre Robertson

HIV Prevention Section:
John Pabustan
Betty Chan Lew
Tracey Packer
Lisa Reyes

Harder + Co.:
Dara Coan
David Weinman

Guests
Erin Antunez – Glide
Shelley Arnold - SFDPH
Michael Ault - Bay Positives
Tracy Badsgard – CDC
Matthew Bajko – Bay Area Reporter
James Dilley - AHP
Rob Guzman – AIDS Office Research Section
Keian Kunkler – API Wellness Center
Derrick Mapp – Glide
Steve Oxendine
Tomas Rodriquez – CDC
Jen Sarche, AIDS Office Research Section
Lauri Schowalter - NASTAD
Will Wong – STD Prevention and Control

Process Evaluation Team:
Cindy Berenstein
Emalie Huriaux
Kathleen Roe
Kevin Roe
Pamela Washington

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Meeting called to order at 3:06 PM by Steven Tierney.

Welcome, Introductions, Announcements:

Steven Tierney welcomed the members, staff, and guests to the meeting. He announced absences that he had been informed of. He then asked attendees to introduce themselves, and to make announcements.

- Gwen Smith announced that she has been become a new fellow of the African-American HIV University.

- Tae-Wol Stanley announced that he has resigned his role as Member-At-Large of the HPPC Steering Committee citing over-commitment, but noting that he found it to be an important role.
- Steve Gibson reminded attendees of the upcoming "*Spring Cleaning*" campaign and events that encourage STD and HIV testing. He also pointed out that the NHOW van would be in the Castro neighborhood providing tests that evening.
- Frank Strona announced that Walden House would be expanding its operations to other parts of California.
- Joani Marinoff announced a new course she will be teaching at SF City College on Hepatitis A, B, & C which will include instruction regarding:
  - Public Health harm reduction, and
  - Connection between Hepatitis C, HIV, and alcohol.
  - ⇨ She pointed out that the course will be conducted in the summer term on Tuesdays and Thursdays, June 10-26, from 4:00 to 7:00 PM; and that it is a one unit course.
- Janetta Johnson announced that Walden House will have an Open House for providers next month; and that when details are finalized information will be sent to members.
- Chata Ashley announced a Ceremony during the weekend of April 12-13th for the first Native American Woman killed in combat in Iraq.
- Lyn Fischer distributed the, "*San Francisco Monthly STD Report – Data for February 2003*" (a copy of which is enclosed for absent members).

Steven Tierney explained that there are three Co-Chairs and that they rotate the duties of facilitating the meetings taking notes/counting votes. He noted that it would be his turn to facilitate today.

Process Evaluation Team Update:

Kathleen Roe announced that Kevin Roe is leaving the Process Evaluation team and taking up responsibility as Clinical Services and Community Specialist for Magnet. She noted that while she congratulates him, she would miss working with her brother who has worked with the Council since 1994. There were congratulations from members as well as a general expression of gratitude to Kevin Roe.

- ⇨ Kathleen introduced Emalie Huriaux and Pamela Washington who have joined the Process Evaluation team working with the Council on process evaluation.
- ⇨ She then introduced the team's new Project Manager, Cindy Berenstein, who will be responsible for day-to-day operations while Kathleen Roe will continue to be the lead.
- ⇨ She distributed a document providing biographical data on the team members entitled, "*The San Francisco HPPC Process Evaluation Team*" (a copy of which is enclosed for absent members).

- Steven Tierney provided an explanation of the function of the Process Evaluation team:
  - ⇨ Assists in leadership development;
  - ⇨ Ensures Parity, Inclusion, and Representation (PIR);
  - ⇨ Provides training to Council leadership assisting them in becoming better leaders, through evaluation and feedback;
  - ⇨ The team assists the Council in planning;

- ⇨ Reports regularly to the Steering Committee to providing objective observation and reports on members' comments; and
- ⇨ Helps guide the Council in the critical areas of operation mandated by the CDC.

Approval of Minutes of March 20, 2003:
Motion was made and seconded to approve the minutes. The minutes were accepted without objection; Chata Ashley, Ari Bachrach, Michael Discepola, Joani Marinoff, and Ken Pearce abstained.

General Public Comment:
There was no general public comment.

Member Response to Public Comment:
There was no member response to public comment.

New Business: Member Input to the Parking Lot:
Members were asked if they had additions to the 2003 Parking Lot. The following suggestions will be taken up by the Steering Committee as they were proposed, seconded and no objections were offered:

- Edward Byrom proposed adding Asian & Pacific Islander (API) HIV rates in SF.
  - He suggested that this group might be under-represented.
  - ⇨ He also proposed getting a presentation from the three researchers who provided same at the recent CAPS Conference.
- Hank Wilson proposed adding two items:
  1) Post exposure prevention
     - He would like to have a presentation on the CAPS study to include what is being done to transition from research to practice/use of this.
     - ⇨ Michael Discepola suggested following up on a State initiative that is looking into protocols and how PEP will be handled in the future.
     - ⇨ Lyn Fischer noted that there was a PEP study done by UCSF and there is PEP service offered at City Clinic.
     - ⇨ Hank Wilson indicated that reports on both would be useful to the Council.
     - ⇨ Lyn Fisher suggested inviting Michelle Roland to make a presentation regarding the services study.

The motion was clarified to add both PEP research and services studies to the Parking Lot.

- Hank then proposed:
  2) Getting a report from the Health Department regarding the enforcement of '*Point of Sale Warning* on '*Poppers*.'
     - He noted that the SF Supervisors passed a law in 1982 requiring the warning, but that it is not being implemented or enforced.

- He also noted that the Board of Supervisors had a meeting on this topic a year and a half ago directing the Health Department to take action, and he would like to have a report updating the status of this issue.

- Janetta Johnson proposed the promotion of prevention messages with positive images of transgendered people for use by community agencies.
- Paul Harkin proposed the Council get a presentation on the connection between the use of '*Crack*' (Cocaine) and unsafe sexual behavior.
- Chata Ashley proposed the Council put the following presentations (as were presented at the recent CAPS conference) on its agendas:
  1. Latino Gay Men Migration – Sexuality and HIV Risk
     * Presented by Hector Carrillo and Rafael Diaz;
  2. Dismantling the Myth of the Model Minority – HIV in Asians MSM
     * Which is the presentation recommended by Edward Byrom; and
  3. Bay Men – Fun Incentive Prevention for HIV Positive MSM
     * Presented by Cynthia Gomez

<u>HPPC Co-Chairs/Steering Committee Report</u>

Steven Tierney made available the document entitled, "*HIV Prevention Planning Council Co-Chairs Report April 10, 2003*" which was also previously distributed to members by e-mail. For the sake of expediency, rather than reviewing its points during the agenda, he asked Members to read the report and direct questions to him outside of the meeting.

- He pointed out that the Steering Committee is comprised of the Co-Chairs of the Council, the Co-Chairs from each of the regular Committee as well as two Members-At-Large.
  - ⇨ He noted that there needs to be an election for one of the Member-At-Large positions, which is a full voting member of the Steering Committee.
    - As previously announced, Tae-Wol Stanley has resigned his membership position
      * He added that the term of this seat is through December of this year; and
    - He stated that nominations would be accepted from the floor, or can be made to Betty Chan Lew in the AIDS Office after this meeting.
    - He also noted that notification of these elections would be sent out by e-mail.
- He then drew the Council's attention to the need to elect a Community Co-Chair of the HPPC for 2003.
  - ⇨ Gwen Smith has been fulfilling Janetta Johnson's term.
    - He added that Gwen Smith has agreed to an additional term.
  - ⇨ He noted that election must nonetheless be held.

Gwen Smith's name was placed in nomination and seconded. There were no other nominations from the floor.

- ⇨ Steven Tierney noted that the Council's by-laws require keeping the nomination open.
- ⇨ This matter will also be addressed to absent members by e-mail.

<u>Budget Matters</u>

Steven Tierney provided an overview two contingencies currently being reviewed of City Budget:

- ⇨ The first cuts $1 million of the $3.6 million originally budgeted for HIV prevention; and
- ⇨ The second cuts $2.5 million.

- ⇨ He noted that on Tuesday the Health Commission nonetheless passed a budget without cuts to HIV prevention funding.
  - He cautioned that the City is required by law to operate on a balanced budget.
  - And that there would, no doubt, be changes to the overall budget before it is finalized and signed by the Mayor and approved by the Board of Supervisors.
    - * Therefore, it is too soon to celebrate.

- He also pointed out that the State has increased funding to SF's HIV prevention efforts by approximately $200,000 due to changes in the allocation of formula funding.
- He drew the Council's attention to the fact that most of the City's HIV prevention funding comes from the CDC – approximately $10.6 million.

Update on CDC Activities from San Francisco's Project Officer:

Steven Tierney introduced Tomas Rodriguez, HIV Project Officer at the CDC, who provided the following highlights of the current status of HIV Prevention work there:

- ⇨ Recommendation for next year's funding is level;
- ⇨ New Guidance is due to be published this year
  - The current draft is still under review at the Department of Health and Human Services (HHS) for review;
- ⇨ The next Planning Cycle has been set for 2004-08;
- ⇨ There will be a CBO program announcement:
  - Current program is due to finish in September 2003;
  - New proposal may continue programs through June 2004, but is not yet approved;
  - It will be a $50 million program for the entire country;
  - The specifics are due to be released during the fall/winter of this year; and
  - There will be CBO regional community consultation meetings, including one in SF, April 23-25 at the Hyatt Fisherman's Wharf.

Tomas Rodriguez noted that one of his responsibilities is to review communities' Plans – such as the one currently being worked on by the Council – to ensure it coincides with the current Guidance. He then opened the floor to questions.

Questions

- Michael Discepola expressed concern regarding the new Community Planning Guidance. He noted that the CDC and HHS have had the proposed document for a long time and asked if Tomas Rodriguez was aware any questions or substantive issues at the HHS.
  - He added that the SF HPPC needs the Guidance to do its planning.
  - He also asked when the Council could expect to see the final document.
- ⇨ Tomas Rodriguez stated that he did not know why the Guidance was not approved by HHS.
  - He added that he has heard that there are some issues with the proposed document, but has not heard specifics.
  - He noted that the CDC would also like to get the document out.
    - * But, he added, the climate in DC is different than it was two years ago when they started writing the new Guidance.

- ⇨ Michael Discepola asked to be "*on record*" as a member of the HPPC in his expression of serious concern with the delay of the release of the Community Planning Guidance.
- ⇨ Tomas Rodriguez indicated that he would convey this sentiment.
- ⇨ Michael Discepola asked if there was a way to influence the process.
- ⇨ Tomas Rodriguez stated that they had been working very hard to finalize this process, and he did not have any suggestions on how to influence the process.

Tomas Rodriguez introduced Tracy Badsgard, who is also a Project Officer at the CDC in the area of Hepatitis.

Report from the HIV/AIDS Research Section:

Steven Tierney introduced Jen Sarche and Rob Guzman from the Research Section.

- Jen Sarche noted that representatives from the Research Section would periodically make presentations to Council.
- Rob Guzman began provided an overview of some of the research in process or that has recently been done, including:
  - ⇨ New Choices Study
    - Involved interviewing by questionnaire 1,100 MSM in two phases during late 2000 through 2001.
    - Research was published in 2002 indicating that 10% of the participants engaged in unprotected anal intercourse (*'Barebacking'*) with someone other than a primary partner.
    - The study also found that this was more common among HIV Positive men.
  - ⇨ Nonoxynol-9 Study
    - Study found MSM are still using products containing this compound, although it has been demonstrated and reported that it increases risk of the spread of HIV
    - The study found that Latinos are less likely to know about and/or use Nonoxynol-9, while African American men are the most likely to use it.
      - * He noted that the African-American community could/should be targeted with Nonoxynol-9 specific messages.
  - ⇨ Negotiated Safety Study
    - To be published in May.
    - Studied sex practices among HIV Negative men in a seroconcordant relationship
      - * The study focused on men who had decided not to use condoms during sex with their partners, and who had negotiated not to have unprotected sex with others.
    - The study found that 18% of the men in such relationships had unprotected sex with someone other than their partners during the preceding three months.
  - ⇨ Risk Evaluation Study
    - Studied HIV Positive men's perception of sexual activities' risks; i.e., how the risk of transmission is perceived being a "*Top*" in unprotected sex, or with oral sex.
    - The study tested messages and treatment options and measured how men's attitudes and perceptions were altered.
    - The research found a measure of treatment optimism effecting risk assessment.
  - ⇨ Viral Load Study

- Currently evaluating questions on the New Choices Study questionnaire regarding viral load.
- This is trying to ascertain if men's belief is that there is less of a risk of transmission when one's viral load is undetectable.
  * They are also looking into if such a belief is a factor in men choosing to have unprotected anal sex.

⇨ The Connect Study
- They are in the early stages of planning this study.
- This will be a three or four year long study involving 400 MSM, and will consist of six group counseling sessions.
  * It will attempt to intervene with men who are combining sex and drugs or alcohol using a harm reduction model.
- This study will be discussed at the next Community Action Forum scheduled for early May.

Questions

- Janetta Johnson asked if drug use played a part in participants breaking agreements regarding unprotected sex in the Negotiated Safety Study.
  ⇨ Rob Guzman responded that they did not determine if drugs were used when participants broke the negotiated agreement.
- Lyn Fischer noted that the Connect Study sounded like another study that involved different counseling models (EXPLORE).
  - She pointed out that results of the other study have not been reported on.

  ⇨ Rob Guzman stated that the relationship study, the EXPLORE Study, is not finished yet and so results have not as yet been published.
  - He pointed out that the EXPLORE Study was based on individual counseling sessions, whereas the Connect Study involves group sessions.
  - He noted that some preliminary data indicates a connection between alcohol use and unprotected sex; that alcohol use may even be a predictor of such behavior.
    * He added that the correlation between alcohol and unprotected sexual behavior is part of the Connect Study.
- Tae-Wol Stanley asked what percentage of the 18% having unprotected in the Negotiated Safety Study were HIV Positive.
  ⇨ Rob Guzman stated that all of the participants in the study were HIV Negative.
  ⇨ He added that the study examined the value of only using condoms with others – not with one's partners – as a strategy to reduce risk of transmission.
- John Newmeyer asked if data was collected on the frequency of unprotected sex .
  ⇨ Rob Guzman explained that the studies collected data on the number of partners, not frequency.
  ⇨ John Newmeyer stated frequency of sexual activities might have been better.
- After thanking the Research Section, Steve Gibson stated that it would be helpful if the Council had written reports on these studies; indicating that it should be forwarded to the Plan Research Committee.
  ⇨ Rob Guzman indicated that he would do so.

- Tracey Packer stated that it would be useful to include literature and data used to develop in the Connect Study curriculum in the 2004 Plan, which is currently being written.
  - ⇨ Jen Sarche and Rob Guzman agreed that data would be forthcoming.
- In response to Hank's question, Rob Guzman stated that Grant Colfax and Craig Greenwood put together the Connect Study.
- Hank Wilson asked about the HIV Net.
  - ⇨ Jen Sarche indicated that there are now two research networks:
    1) The HIV Prevention Trial Network.
       - * She added that the EXPLORE Study was part of this network and is finishing up in July 2003; and that information will come out six to seven months later.
       - * She noted that as information of value to the HIV prevention community is identified it will be provided
    2) The HIV Vaccine Trial Network.
       - * She noted that there are two new trials starting up during the spring of 2003 involving DNA based vaccines for HIV negative people.
       - * She also indicated that two more trials would begin during the fall of this year.
- Hank Wilson asked about the protocol of disseminating research information to the community.
  - ⇨ Jen Sarche stated that dissemination has been study specific.
    - She pointed out that the first priority has been to ensure the participants receive information quickly and clearly.
    - The second priority has been to provide data to the prevention community.
      - * She cited the recent data regarding the AIDSVax vaccine from VaxGen that was brought to the Council before being released to the media.
      - * She also cited outreach specific to the African American community including a conference scheduled for May 1, 2003 at Glide.
    - The third priority involves social marketing.
      - * She cited the May 15, 2003 Vaccine Awareness Day also related to AIDSVax.
- Hank Wilson asked about available data on the subset of the AIDSVax trial participants who seroconverted.
  - ⇨ Jen Sarche said that the release of scientific data has been overshadowed by media coverage of that trial's results.
  - ⇨ She added that a slightly higher number than expected seroconverted, but that SFDPH does not have that data set.
    - She indicated that it would be useful information and that the Research Section can advocate for VaxGen to release the information.
- Hank Wilson followed up asking if disclosure of such information to the public couldn't/shouldn't be built into the agreements sanctioning such research.
  - ⇨ Jen Sarche indicated that the National Institutes of Health sanctioned the study, and that their primary concern is the release and publication of data in scientific journals.
  - ⇨ She added that perhaps they could be persuaded to include stipulations to release information to the general public.
- Michael Discepola indicated that studies regarding vaccines should examine if participants change their behavior as a result of using a vaccine; particularly as future trials may involve hundreds or thousands of people here.

- ⇨ Jen Sarche stated that the Research Section has applied for funding to interview VaxGen participants; which would add to what is known about any change in behavior and/or attitude as a result of participating in the trail.
- ⇨ Michael Discepola added that a similar exploration should also be part of the EXPLORE and other such studies; that such would be useful information.

- Lyn Fischer stated that there is a need to determine if there is a relationship between STD and HIV seroconversion rates.
- Hank Wilson asked if there has been, or if there are plans to study the effects of Rapid Tests.
  - ⇨ Jen Sarche indicated that this is not on currently on the agenda.
- Michael Cooley asked if the Rapid Test has been approved.
  - ⇨ Steven Tierney responded that some details remain to be worked out, including the level of licensing providers must have to perform such tests.
  - ⇨ He stated that a State funded study on the Rapid Test would begin soon.
    - He added that the first part would be an evaluation of the process, including the reaction of clients to getting their results in 20 minutes.
    - He pointed out that Glide has been selected the pilot test site for SF.
- Hank Wilson asked if an undetectable viral load does, in fact, reduce risk of transmission.
  - ⇨ Rob Guzman indicated that there seems to be some perception among people with undetectable viral loads that it does reduce risk; but if you look at people of all sero-types there does not seem to be a strong association between viral load and sexual practices between serodiscordant people.
    - He added that HIV Positive men tend to believe there is an effect and that HIV Negative men seem not to consider it a factor.
  - ⇨ Rob Guzman added that there is contradictory scientific opinion as to whether undetectable viral load effects the risk of transmission.
    - He noted that semen has a higher viral loads than blood.
    - He noted that in a study among heterosexual people with low viral loads that there was no incidence of transmission; but that it is not known if this is true in MSM sexual encounters.
  - ⇨ Tae-Wol Stanley stated that the most infectious times are:
    - Shortly after seroconversion;
    - When one has AIDS; and
    - Directly before death.

Report Back from the Resources Working Group:

Steven Tierney explained that the Resources Working Group was formed in response to proposed cuts in the City's budget, the fact that the State's budget is far out of balance, and the unknown future of CDC funding. He noted that the Council recommends priorities, but it does not allocate funds. The Working Group is a contingency to help the Council should it need to make recommendations for cuts. He provided an overview of their findings –

- There had been a proposal to cut allocations straight across the board.
  - ⇨ However, that approach was rejected.

- A formulaic approach is being pursued. Among the issues that have to be addressed by a formula include:
  - ⇨ Which BRP is served and where is it in priority established by the HPPC Plan?
  - ⇨ How big is that BRP in the City?
  - ⇨ How many individuals are in that BRP?
  - ⇨ What percentage of service units did the project meet?
  - ⇨ A score for fully using funds appropriately according to what was contracted/budgeted.
    - Some agencies continually over-budget and the excess – the portion not spent – has to be returned to the government.
  - ⇨ A score for cultural appropriateness.
  - ⇨ A score from the monitoring report.
  - ⇨ A score relating to the level of completion of reporting and evaluation data.
  - ⇨ A score to account for other funding sources.
    - Including taking into account cuts the program may have had from other funders.
  - ⇨ A score relating to the cost effectiveness.
    - Jim Kahn from UCSF has presented a methodology to evaluate effectiveness to the Working Group and will present an adjusted version to the Council.
      - * It relies largely on the number of people being served by different interventions; with the effectiveness of interventions evaluated based on national data.
      - * This methodology may be used; but only for a small portion of any recommendations as the methodology is new and still under development.
- He noted that the group would meet again on Tuesday, April 15, 2003 from 1:00 – 2:30 PM.
  - ⇨ He also pointed out that this tool might not be necessary due to the Health Commission's recommendation; but that the tool has value for contingency planning.
- Ari Bachrach asked if the small BRPs who tend to serve fewer people would be cut more.
  - ⇨ Steven Tierney stated that specific methodologies have yet to be determined; but it will be taken up at the next meeting.
  - ⇨ Steve Gibson stated that even in the event of cuts there would still be funding for all BRPs above a certain percentage of incidence.

<u>Bristol-Myer-Squibb Funding</u>

Steven Tierney explained that the Working Group is also prioritizing ideas for funding from Bristol-Myer-Squibb. Each year this grant has provided $400 thousand to the City's prevention efforts; $200 thousand from Bristol-Myer-Squibb, contingent on matching funds from the City. He pointed out that some of the past projects funded included: staffing for the NHOW van, the Chlamydia Elimination Project in the Bayview, development funds for Magnet, and others. He noted July 1st would be the beginning of the fifth year of a five-year commitment from the company. He added that the requirements for funds are:

- Must be innovative,
- Must not replace other current projects, and
- The project must be sustainable.

The Working Group reports this progress:

- ⇨ 19 projects have been proposed.
  - The number will be cut down over the next few months.

- ⇨ In past years it was decided that only projects of $100 thousand or larger will be considered.
  - Continuation of this policy will be discussed at the next meeting.
- ⇨ Once a suitable number of projects are identified, the Resources Working Group will make proposal to the Council for comment and approval.

Plan Policies Committee: Update on Committee Work on Behavioral Risk Population Mode:
Co-Chairs Barbara Adler and Chata Ashley, conducted a slide presentation. They distributed a printed copy of the presentation entitled, "*Plan Policies Committee: BRP Proposal April 10, 2003.*"

Motion was made and seconded to accept the recommendation made by the Committee, that the HPPC affirm the current Behavioral Risk Population (BRP) model as the foundation for the priority-setting model in the 2004 Plan. Discussion followed.

- Lyn Fischer expressed concern with BRPs breaking down by tier, as it constrains providers.
  - ⇨ Tracey Packer explained that tiers are part of the resource allocation model; that this motion is about using BRPs as the model by which various behavioral risks are categorized in the Plan.
    - She noted that this focuses our work on behavioral risk.
  - ⇨ She clarified that the motion relates to the categories of risk the BRPs, not the priorities of funding.
- Paul Harkin asked how people in several BRPs are addressed.
  - ⇨ Barbara Adler stated that this is part of the next step the Committee will be dealing with; including sub-populations and criterion for risk.
  - ⇨ Chata Ashley added that feedback from service providers has related the importance of identifying sub-populations that often span several BRPs
- Hank Wilson asked how youth can be addressed by BRPs.
  - ⇨ Barbara Adler stated that youth are an example of a sub-population that crosses BRPs.
- Joani Marinoff asked if the incarcerated population is one that spans BRPs.
  - ⇨ Tracey Packer responded that the incarcerated population is an example of a sup-population that would cross BRPs and is especially important in BRP 1.
    - She stated that the BRP model is based on what people do.
    - She also added that concentrating on how people identify themselves, rather than on what they do, is a reason some sub-populations have been missed.
  - ⇨ In response to Hank Wilson's concern regarding youth, Tracey Packer stated that not only is youth a sub-population in several BRPs – both as a result of current and potential future behaviors.
- Marcel Miranda stated that it is important to address factors contributing to risky sexual behavior, such as homelessness.
  - ⇨ He was told that the Committee would address those co-factors.

The motion was reviewed, no other questions or objections were raised. The motion passed.

Other Comments and Discussions Regarding the Plan Policies Committee's Work:

Steven Tierney asked the Council if it had comments it wished to share with the Committee regarding its on-going work.

- Michael Cooley stated that there is a correlation between mental health, drugs, coming of age and risky sexual behavior and recommended these issues be sub-populations.
- Joani Marinoff asked if incarcerated men are part of the MSM BRP.
  - ⇨ Barbara Adler responded that some sub-populations will need to be added to those already identified.
  - ⇨ Michael Discepola added that in the last Plan (2001) sub-populations were not adequately addressed.
- Ari Bachrach asked how sup-populations can be prioritized when they span several BRPs.
  - ⇨ Steven Tierney said that it could be done, adding that the Committee will make its proposal regarding priorities to the Council for review and approval.
  - ⇨ Dara Coan added that the Committee has not yet come up with a proposal regarding how sub-populations relate to the overall BRPs.
- Gwen Smith expressed concern that MSM who are not gay-identified could be missed.
  - ⇨ She was told that this is a sub-population being discussed.
- Gwen Smith then asked about partners of non-gay identified MSM.
  - ⇨ Barbara Adler noted that the Committee has discussed partners and plans on addressing that population too.
- Steven Tierney pointed out that all Committee meetings are open and members are welcomed to attend.
  - ⇨ He added that if members have additional comments or questions they could be sent to the Co-Chairs (Barbara Adler and Chata Ashley), or the supporting professional staff (Tracey Packer and Lisa Reyes).

Syphilis, HIV, and Other STDs: Updates and Discussion on the HPPC Role in Addressing HIV and STDs:

Steven Tierney introduced Will Wong from STD Prevention and Control, and James Dilley from the AIDS Health Project

Will Wong conducted a slide presentation and distributed a copy entitled, "*Large Increase in Early Syphilis – San Francisco*" (a copy of which is enclosed for absent members). In addition to his presentation Will Wong provided information including:

- ⇨ For the first three months of 2003, there have been 163 new cases of early Syphilis reported.
- ⇨ A common question at the testing sites relates to recommended frequency of tests.
  - The Health Department's recommendation is that sexually active MSM be tested every six months; and that people at higher risk be tested every three months.
- ⇨ The Department is working on providing on-line testing in collaboration with Unilab and Magnet. The proposed process is as follows:
  - Participant would go on-line to be provided with a lab order form and a 16 digit identification number;
  - Blood to be drawn by and at Unilab; and

- Participant will be able to obtain results either by phone or on-line using the identification number.
    * He noted that this is a pilot program and that details are still being worked out.

⇨ People who get tested during the "Spring Cleaning" event will be provided with rewards, to include:
    * 10% discount at Cliff's Hardware store; and
    * Small cup of coffee at Spikes.

- John Newmeyer asked if the risk of transmission for different activities has been established.
    ⇨ Will Wong responded in regard oral sex:
        - Risk of HIV transmission is very low,
        - However, the risk of spreading Syphilis and Gonorrhea is not low; estimated at 30-50% per exposure.
- Tae-Woe Stanley noted that if everyone had the recommended number tests the system would be overwhelmed. The volume of tests that should be conducted, he added, requires the addition of new venues.
    ⇨ Will Wong agreed, but added to reduce the epidemic's rate of increase they are encouraging providers at all points of contact with people at risk to recommend testing.
        - He noted that as recently as 1999 the CDC was proposing a Syphilis elimination program, because rates were then very low.
        - He added that Syphilis has reemerged as a risk in nearly all urban areas.
- Will Wong concluded by stating that part of having a healthy sex life is being disease free.

James Dilley distributed a report entitled, "*AIDS Health Project STD Screening at Anonymous HIV Counseling and Testing Sites Program Results, Cumulative, 2001-2002*" (a copy of which is enclosed for absent members). Some of the highlights of his presentation include:

⇨ The program has run the anonymous HIV testing program for the City since 1984.
⇨ With recent increases in STD rates, and their correlation with HIV, the program explored adding STD testing at the HIV sites, however:
    * State law does not permit a laboratory to conduct a STD without a name; and
    * HIV testing had been anonymous.
    - Mitch Katz, Health Director of SF, intervened on the project's behalf and arranged clearance for anonymous STD testing as a pilot program.
⇨ The result of the three to four-month pilot has been to find significant disease.
    - The vast majority of participants came back, took treatment, and gave treatment to their partners.
⇨ In all, the program has been very successful.
    - However, they had targeted their testing and the sample is too small to be conclusive.
⇨ Plans call for targeting gay men for STD testing.
⇨ The program participants are a-symptomatic
    - People with symptoms are directed to the STD clinic, where physicians are on duty.
⇨ Blanket tests of samples from anonymous HIV testing showed very little Syphilis.
⇨ James Dilley noted that the STD program at AHP has been de-funded.

Questions & Discussion

- Michael Cooley asked if the AHP project observed a correlation between STD positive participants and HIV seroconversion.
  - ⇨ James Dilley responded that they saw very few such examples.
- Michael Cooley asked if those people sent to the STD clinic were tested for HIV.
  - ⇨ James Dilley stated that they were, but that he is unaware of the results.
- Steve Gibson asked if the Department of Public Health includes alcohol as an substance that increases risk.
  - ⇨ Will Wong stated that it did, and that it is more prevalent than meth-amphetamines.
  - ⇨ Steve Gibson noted that this was not included in the report.
- Ken Pearce noted that less than one-third of MSM are HIV Positive, and yet over two thirds of MSM who test Positive for STDs are HIV Positive.
    - He noted that HIV Positive men see providers more frequently than others do, adding that outreach to the provider community would therefore be very effective.
  - ⇨ Will Wong stated that efforts should be made to contact all HIV care providers.
    - He noted that their monthly mailings go to over 1800 providers including those registered as HIV care providers.
- Ken Pearce then asked if private providers are aware that patients who are HIV Positive are more likely to be STD Positive.
  - ⇨ Will Wong indicated that while no formal study has been conducted, that based on calls the department has received it seems they are aware of this.
- Paul Harkin asked if there is outreach to prisons/jails regarding STD.
  - ⇨ Will Wong stated that at induction Syphilis screening is conducted.
  - ⇨ He added that very little Syphilis is found; less than 5%.
- Frank Strona noted that the current STD prevention model has been to move medical providers away from looking from symptoms, and encourage them to order tests based on patients' risk.
  - ⇨ He suggested that more outreach is needed to both the providers and their staffs.
- Mike Schement asked if there are different tests.
  - ⇨ Will Wong indicated that there are two, the RPR and VDRL.
  - ⇨ He added that they are both used effectively, and they have similar performances.
- In response to Mike Schement's question regarding how long after contact the tests show positive, Will Wong indicated that it was between two and eight weeks.
- Hank Wilson asked about the symptoms of Primary and Secondary Syphilis.
  - ⇨ Will Wong explained that approximately one-third of early Syphilis cases are secondary.
    - Primary Syphilis is generally early stage Syphilis, characterized by a chancre sore showing up in the genital area or at the place of contact.
    - In secondary Syphilis, the sore goes away and the infection becomes blood borne, and is characterized by a rash.
    - He noted that primary and secondary levels of occurrence have remained in the same proportion.
- In response to Hank Wilson's question, Will Wong indicated that the blood tests used in SF are nearly 100% effective in identifying Secondary Syphilis.
  - ⇨ He also noted that Rapid Testing for Syphilis is soon to be available, involving a finger prick, and providing 15 minutes until results.

Summary of Meeting and Closing Comments:

Steven Tierney provided summary comments including:

- ⇨ The Research Section provided an overview of research being conducted.
  - He noted that Jen Sarche is coming to HPPC meetings in response to the Council's Research Committee's suggestions.
- ⇨ The Council has approved the Plan Policies Committee recommendation regarding the use of the BRP Model.
- ⇨ A presentation was given regarding the state of STDs in SF.
  - Guidance from CDC permits the integration of STD and HIV prevention.

- Will Wong noted that flyers are available regarding the Syphilis Action Coalition.

Evaluation and Adjournment:

Evaluation forms were distributed.
Meeting adjourned at 5:59 PM
Minutes prepared by David Weinman
Minutes reviewed by Tracey Packer and Gwen Smith.

Reminder: The next HPPC meeting will be held on Thursday, May 8th, 3:00-6:00 PM, City Hall, Room 201, San Francisco.

HIV Prevention Planning Council Meeting
May 8, 2003
3:00-6:00 pm
City Hall, Room 201
San Francisco, CA

Agenda

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	**Welcome, Introductions, Announcements, and Refreshments**	**Gwen Smith**
3:15 pm	**Review and Approval of Minutes of April 10, 2003** *VOTE*	**Gwen Smith**
3:20 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**Gwen Smith**
3:30 pm	**Member Response to Public Comment**	**All**
3:40 pm	**New Business: Member Input to the Parking Lot** Objective: To suggest topics for the HPPC to discuss on future agendas Members vote to add items to the Parking Lot. *POSSIBLE VOTE*	**Gwen Smith**
3:50 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. *POSSIBLE VOTE*	**Gwen Smith**
4:00 pm	**Election of Community Co-Chair** Objective: To elect a Community Co-Chair for the term that ends December 2004. Gwen Smith has accepted the nomination for this position. *VOTE*	**Steven Tierney**
4:05 pm	**Election of Two At-Large Members to the Steering Committee** Objective: To elect two At-Large Steering Committee Members for the current term ending December 2003. Michael Discepola, Lyn Fischer, and Joani Marinoff have accepted nominations for this position *VOTE*	**Gwen Smith**
4:15 pm	**Report Back from the Resources Working Group** Objective: To approve the recommendations of this HPPC working group for: 1) Bristol Myers Squibb Virology/DPH funding priorities and 2) formula for budget cuts as a result of HIV prevention budget reductions *VOTE*	**Steven Tierney**
4:35 pm	**Break**	
4:50 pm	**San Francisco's HIV Prevention Approaches and CDC's New Initiative: How can the HPPC Meet Both Priorities?** Objective: To understand the new strategies released by CDC on April 18 and to discuss how they relate to the priorities set by HPPC. The Council will have discussion in small groups then present outcomes to the full Council. To learn more about the CDC initiative please go to: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5215a1.htm	**Gwen Smith**
5:50 pm	**Summary and Closure of Meeting**	
5:55 pm	**Evaluation:** Please complete forms and hand-in to Process Evaluation Team.	**All**
6:00 pm	**Adjournment** *VOTE*	**All**

DOCUMENTS DEPT.

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Note. All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:
Community Liaison: Monday, **June 19,** 2:00 - 3:30 PM, 25 Van Ness Ave
Membership: Monday, **May 12,** 3:00 – 4:30 PM, 25 Van Ness Ave
Plan Policies: Tuesday, **May 27,** 12:30 – 2:30 PM, 25 Van Ness Ave
Plan Research: Thursday, **May 1,** 3:30 – 5:00 PM, 25 Van Ness Ave
Full Council: Thursday, **June 12,** 3:00 – 6:00 PM, Location TBD

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In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

2003 HPPC Parking Lot

Discussion on MSMs and substance use
Discussion of PCM specifically for transgender MTF, including information gathered from client satisfaction surveys
Discussion on HIV and homelessness
Discussion on barriers to access to medical care
Discussion on the lack of positive sex messages for gay men
Funding and sex positive messages
Discussion on abstinence based prevention
Discussion of HIV Positive Speakers Bureau
Presentation on Asian & Pacific Islander (API) HIV rates in SF by Kyung-Hee Choi, Tri D. Do, Don Operario
Discussion on the citywide effects of crack use on HIV risk behavior
Presentation on Latino Gay Men: Migration, Sexuality, and HIV Risk by Hector Carrillo, Rafael Diaz
Discussion on the Enforcement of 'Point of Sale Warning' regarding Poppers
Presentation on Post Exposure Prevention Study by Michelle Roland from UCSF
Promotion of more positive images of transgendered people in agencies.
Update on Chlamydia Elimination Project (Youth & STDs)

HIV PREVENTION PLANNING COUNCIL

Minutes

May 08, 2003

The next HPPC meeting will be held on **Thursday, June 12, 2003**
3:00 - 6:00 p.m.
Mayor's Conference Room, City Hall, San Francisco

Members Present:
Barbara Adler
Chata Ashley
Ari Bachrach
Teresa Betancourt
Gayle Burns
Edward Byrom
William Cochrane
Aaron Cohen
Michael Discepola
Lyn Fischer
Steve Gibson
Paul Harkin
Thomas Knoble
Joani Marinoff
Marcel Miranda
John Newmeyer
Ken Pearce
Israel Nieves-Rivera
Andre Robertson
Rebecca Rodriguez
Gail Sanabria
Gwen Smith
Tae-Wol Stanley
Frank Strona
Steven Tierney
Hank Wilson

Members Absent:
Erick Brown
Michael Cooley
Robert Gomez
Janetta Johnson
Mike Schement

HIV Prevention Section:
Bob Becker
Betty Chan Lew
Teri Dowling
Eileen Loughran
Tracey Packer
Lisa Reyes

Harder + Co.:
Dara Coan
David Weinman

Guests
Erin Antunez - Glide
Matthew Bajko - Bay Area Reporter
Ray Chernly - Fortune Condoms
Keian Kunkler - API Wellness Center
Derrick Mapp - Glide
Walter Miller, Jr.
Stephan Oxendine
Jen Sarche, AO Research Section
Kevin Sniecinski - UCSF, Connect to Protect

Process Evaluation Team:
Cindy Berenstein
Emalie Huriaux
Kathleen Roe
Pamela Washington

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Meeting called to order at 3:09 PM by Gwen Smith.

Welcome, Introductions, Announcements:
Gwen Smith welcomed the members, staff, and guests to the meeting. She announced absences that she had been informed of. She then asked attendees to introduce themselves and to make announcements.

- Gwen Smith began by announcing that Southeast Health Center and ICHO/NIA will host the 4th HIV Health Education forum on Wednesday May 28th at Bayview Opera House. Among the topics to be discussed are HIV transmission, prevention and care.

HIV PREVENTION PLANNING COUNCIL
Minutes
May 08, 2003

- Frank Strona announced that on June 5 at 5:00 PM there will be an Open House for the Transgender program at Buena Vista West.
- Steve Gibson announced that Magnet will open July 1st, and that flyers announcing the opening will be available at next Council meeting.
- Rebecca Rodriguez announced there would be an Open House at HIFY, contact her for more information.
- William Cochrane announced there would be a Pow Wow at Stanford the following weekend.
- Lyn Fischer distributed the document, "*San Francisco Monthly STD Report*" dated April 17, 2003.
- Lyn Fischer also announced this will be her last council meeting as she is retiring from HPPC.
- Gail Sanabria announced a statewide planning council in SF August 26-27th.
- Joani Marinoff reminded members of City College's summer classes and asked members to please post what she's sent at their respective agencies.
- Michael Discepola announced new groups starting at AHP dealing with people in recovery and the connection between sex and drugs.

Review and Approval of Minutes of April 10, 2003:

Motion was made and seconded to accept minutes.

- Lyn Fisher asked that her contribution to the Member Input to Parking Lot section be changed to read as follows:

  "Lyn Fischer noted that there was a PEP study done by UC, and there is PEP service offered at City Clinic."

Motion was made and seconded to approve the minutes as corrected. There were no objections, Hank Wilson and Michael Discepola abstained. The minutes were approved.

General Public Comment and Member Response to Public Comment:

There was no Public Comment.

New Business: Member Input to the Parking Lot:

- Hank Wilson proposed a report on how the present budget is likely to impact HIV prevention and services, he added that this should be on going.
  - ⇨ Gwen Smith indicated that this would be covered in the Co-Chairs report.

HPPC Co-Chairs/Steering Committee Report:

Gwen Smith drew the Council's attention to and distributed the document entitled, "*HIV Prevention Council Co-Chairs' Report May 8, 2003*" (a copy of which is enclosed for absent members). There were no questions or comments.

Steven Tierney reported on the status of the City and State's budgeting process.

- He stated that HIV prevention in SF is funded at approximately $17M (Million), coming from three sources:

- ⇨ The CDC funds approximately $10.5M
  - This funding is expected to be level less about $1.2M due to the completion of the PHIPP project – Prevention for Positives – which has come to the end of its five year demonstration period. This will affect some of the work done at
    - Stop AIDS Project;
    - Bay Positives,
    - AHP,
    - Better World Advertising, and
    - N-HOW mobile van.
  - A task group will meet to discuss alternative funding for the van, as several organizations have expressed an interest in its continuance, including the Council.
    - Any programs interested in participating should contact Steven Tierney.
- ⇨ State of California
  - Provides $824K for counseling and testing, which is expected to remain level.
  - Also funds approximately $1.7M for Health Education and Prevention
    - This is $200K higher than 2002-2003 due to change in funding formula.
  - He noted, however, the State's budget may change because:
    - The State budget is due to be in place by July 1st, and by law must be balanced.
    - The current draft budget is approximately $34.6B (Billion) in deficit.
- ⇨ City of San Francisco provides approximately $3.6M
  - These funds are mostly used for the more controversial and experimental programs; including Needle Exchange (which is not allowed by State or Federal regulation)
  - The first draft of the budget cut $140K from Prevention due to decrease in City funds for the San Francisco AIDS Foundation hotline.
    - The hotline is also funded by the State Office of AIDS.
    - More negotiation may be necessary.
  - The most recent draft of the budget proposes a reduction of $862K, non specified.

- A report from Resource Group set up to deal with possible budget cuts is scheduled for later in the agenda.
- He also noted that there could be more cuts in the City's budget, dependent on the outcome of upcoming negotiations with labor unions.
- He indicated that the AIDS Office would continue to advocate for greater resources noting that lobbying has be somewhat successful at both the State and CDC.
  - ⇨ He pointed out that HIV prevention has faired well compared to other departments.

Questions

- Hank Wilson asked if the Council has been given directions on what to cut in the $862K.
  - ⇨ Steven Tierney stated that it has not.

Election of Community Co-Chair:

Steven Tierney assumed the Chair for this item.

- He noted that the Chair has received only one nomination for the position of community Co-Chair, Gwen Smith, and that at the last Council meeting.
  - ⇨ He invited nominations from the floor.

- ⇨ He pointed out that this is a two-year term.
- For the sake of new members, Israel Nieves-Rivera asked for an explanation of this election at this time.
  - ⇨ Steven Tierney explained that when filling in as Co-Chair annual election is required, noting that Gwen Smith initially served the remainder of Janetta Johnson's term.

There were no other nominations. Motion was made and seconded to close the nominations. There were no questions for the candidate. Gwen Smith was elected unanimously.

- Upon election, Gwen Smith stated that she is a "*Parity, Inclusion and Representation*" (PIR) person and that she will always try to keep that in mind.
  - ⇨ Steven Tierney noted that PIR is a CDC guideline to ensure everyone in the community has a voice.

Election of Two At-Large Members to the Steering Committee:

Gwen Smith resumed the Chair and explained that Tae-Wol Stanley and Thomas Knoble resigned as At-Large Members of the Steering Committee. She thanked them for their service. She noted that the Council has received two nominations, Joani Marinoff and Michael Discepola. They were invited to make comments:

- Michael Discepola stated that he had been on Steering Committee before, noting that this is an important year in the planning cycle.
  - ⇨ He nonetheless asked if anyone who hasn't served in this capacity before wants the experience to step forward.
  - ⇨ There were no other volunteers or nominations.
- Joani Marinoff stated that she also sees this as a very important year.
  - ⇨ She stated that she is committed to several populations including youth, transgender community, the incarcerated.
  - ⇨ She added that she will bring an educational perspective to the Steering Committee.

Vote was taken for the nominee for the first position, Joani Marinoff. She was elected unanimously.

Vote was taken for the nominee for the second position, Michael Discepola. He was elected unamimously.

Report Back from the Resources Working Group:

Steven Tierney distributed the document entitled, "*Resources Working Group: Recommendations to the HPPC, May 8, 2003*" (a copy of which is enclosed for absent members).

- He explained that for the past four years working groups have been formed to make recommendations to the Council regarding budgeting funds.
  - ⇨ He noted that the use of budgeted funds depends on the source of funds.
- The following are the group's recommendation by source of funding.
  Bristol Myers Squibb (formerly DuPont)
  - ⇨ Program provides $1M contingent on the City matching the funds.

- ⇨ This group, comprised of Council Co-Chairs, University staff, and a representative of Bristol Myers Squibb, decides how the funds are to be used.
- ⇨ The HPPC Resource Working Group makes recommendations to the Bristol Myers Squibb planning group.
  - This year's recommendations are (included on the handout):
    - STD/HIV collaboration $150K
      - Intentionally non-specific in hopes of getting creative proposals,
    - Prevention with positives $100K
      - Also intentionally non-specific, allowing service providers wide latitude,
    - Youth internship $50K
      - To be used for stipend and/or training with the objective of certifying young people to do HIV testing and counseling – the need for which has been highlighted several times, and
    - A gay men's health project for gay men who live, work, play in the Castro $100K
      - Continuation of a program due to open this year providing STD/HIV testing, counseling, substance abuse referral and other health services to the community.
- ⇨ Steven Tierney explained that the procedure is to have open discussion during this Council meeting, and if recommendations are accepted send them to the BMS (Bristol Myers Squibb)/CAPS/SFDPH Planning Committee.

A. Recommendation for Bristol Myers Squibb Funds

It was moved and seconded that the Working Group's recommendation for Bristol Myers Squibb funding be accepted. Discussion followed.

- Hank Wilson asked how many youth internships were contemplated.
  - ⇨ Steven Tierney explained that a RFP would be issued to agencies and that the agencies' replies would include details on how the funds would be used, including how many interns they propose training and for how long.
  - ⇨ Steven Tierney reiterated the guidelines from BMS that the funds:
    - Use be innovative,
    - Projects be sustainable, and
    - The projects do not replace currently funded programs.
- Hank Wilson asked if the second item, Prevention with positives is intended as one project for $100K.
  - ⇨ Steven Tierney responded that in past years each grant was to one agency for a one-year program, and that the Working Group had concluded that programs smaller than $100K per year are not able to facilitate significant change.
  - ⇨ He added that this could change.
- William Cochrane asked for the definition of youth, and was told that the Committee discussed this and decided to use the CDC definition of between 13 and 24 years of age.
  - ⇨ Following up, William Cochrane asked if there is consideration being given to training 13 year olds.

- Steven Tierney noted a recent presentation he attended which included information regarding an effective 15-year-old HIV counselor.
- Israel Nieves-Rivera also responded stating that the composition of the counselors is up to the agency applying for funding and would be detailed in the proposals.

- Marcel Miranda stated that these recommendations were a result of a lot of work and discussion. He added that the group tried not to put too many limitations on how these things will be done, but that the recommendations are a result of hearing numerous requests for action. He noted that this is the least restricted type of funding available for HIV prevention.
- In response to Tae-Wol Stanley's question, Steven Tierney stated that the recommendations were not prioritized.
- Hank Wilson stated that as of July 1st the Castro Country Club is losing its funding from Baker Places. He added that although it is nearly self-sufficient, it finds itself in a fiscal crunch.
  - ⇨ He noted that the Castro Country Club deals with gay men and lesbian who are in recovery, providing social space without substance use.
  - ⇨ He added that $10-20K would probably be enough to help them transition.
  - ⇨ He stated that by numbers of people served it has large impact on the community.
  - ⇨ He suggests taking $30K from #1 (STD/HIV Collaboration) to fund this project.

A Substitute Motion was made and seconded to reduce the first recommendation from $150K to $120K and add a recommendation to provide $30K for Recovery Services, with specific emphasis on the Castro Country Club. Discussion on Substitute Motion followed.

- Ken Pearce stated that there are a number of projects being cut, including AHP's peer counseling for positives, as well as many other worthy programs.
  - ⇨ He stated that it is difficult opening up the discussion of moving funds to other programs.
- Teresa Betancourt stated her agreement with Ken Pearce's points, that there are a lot of programs currently being cut.
  - ⇨ She added, however, that perhaps addressing various cuts could be proposed to the review panel, particularly if there are well written proposals – including to fund Castro Country Club.
- Steve Gibson asked if the Country Club had contracts with the DPH before.
  - ⇨ Steven Tierney indicated that it had not and that there is nothing preventing the Castro Country Club from applying for BMS funds.
- Tae-Wol Stanley suggested the Council should honor the work done by the Working Group.
  - ⇨ He added that this program could apply for funding as prevention for positives.
- Steven Tierney recommended voting against the Substitute Motion because one of the criteria of BMS funding is that programs not replace one being cut.
  - ⇨ He suggested the Castro Country Club, and other programs, make application to utilize part of the funds available in one of the four categories.
  - ⇨ He recommended amending the original recommendations to allow multiple awards in the same category.
- Hank Wilson stated his support of Steven Tierney's suggestion.

The Substitute Motion was withdrawn; and its withdrawal accepted by the Substitute Motion's second.

An amendment moved and seconded to the recommendation allowing funding to multiple programs under each of the proposed categories. Discussion followed.

- Michael Discepola suggested not accepting more than two awards for any funding line, because too much diluting of the funding makes it difficult to get any objectives accomplished.

Further amendment to the recommendation was moved and seconded that each category of funding be open to more than one, but not more than two programs. Discussion followed.

- Hank Wilson stated that CBOs should have flexibility and there could be utility to having more than two awards.
- Frank Strona stated his concern that there is nothing in the recommendations about Crystal Meth (methamphetamine) and sex.
- He noted that BMS would be an ideal source of funding for this issue as it allows direct discussion of the topic.

The motion was called, but because objections were stated discussion continued.

- Barbara Adler stated that agencies could collaborate on these proposals; which provides flexibility for small projects.
- Aaron Cohen stated that the number of projects should not be limited to two per category; if feasible, projects that can be accomplished with less funding should be.

Motion to approve recommendation "A", with the amendment to limit awards to two per category. The result of the vote was:

Yes - 6
No - 16
Abstain - 3

The motion failed.

Motion was made and seconded to accept the Working Group's recommendation without stipulation regarding how many awards can be issued. There were no questions. The result of the vote was:

Yes - 24
No - 0
Abstain - 1 (Steve Gibson)

The motion passed.

B. Formula for Budget Reductions

Steven Tierney explained that one of the purposes of the Working Group was to come up with a plan to deal with any potential budget cuts.

- He expressed an expectation that there may be a 9% cut to overall funding for HIV prevention, some programs would get bigger cuts than others.

- Rather than a across the board cut, the Working Group's recommendation is to base changes in funding on a performance score, as shown on the distributed report.
- He provided explanation of the five monitoring criteria, including:
  - ⇨ Priority of BRP – as established in the Plan and based on the impact of the epidemic on the various populations at risk.
  - ⇨ Number of BRP reached – based on the numbers of people at risk that are due to be reached based on the contract documentation.
  - ⇨ Number of units of services completed – an evaluation of how many units of service the program actual accomplished in relation to the number contracted.
  - ⇨ Previous allocation spent – an evaluation of how much of the money allocated was actually used, with consideration given to start-up programs.
  - ⇨ Monitoring report score – relates to process and outcome evaluation performance, client satisfaction, and fiscal responsibility as assessed by the monitoring team.
- Programs would be evaluated based on the score they receive in the matrix.
  - ⇨ If the process proves successful/equitable, this may become matrix for future years' changes in funding levels.

Questions and discussion followed.

- Ari Bachrach asked if risk of population was based on anything other than BRP.
  - ⇨ Steven Tierney stated that the Working Group decided to only use BRP ranking since the criteria has only a three-point spread and is therefore mitigated by other factors.
- Joani Marinoff asked if there has been discussion of adjustments for agencies whose funding is otherwise being cut.
  - ⇨ Steven Tierney stated that the Working Group had concluded that it was too difficult to use that criteria; particularly as the Council may not know why funds are being cut.
- Tae-Wol Stanley asked if any consideration is contemplated for programs doing great work, although they might not score well on the matrix's criteria.
  - ⇨ Steven Tierney noted that there is an appeal process in the DPH, including a review by the Director of Public Health.
- Andre Robertson noted that work in the MSM African-American community requires dealing with lots of people to reach those in the BRP and questioned if this had been considered.
  - ⇨ Steven Tierney indicated that the contracting process would account for this.
- Teresa Betancourt asked when the cuts will take place.
  - ⇨ Steven Tierney stated that one of the difficulties is that potential cuts from the City and State are not decided upon yet, but would go into effect on July 1st.
  - ⇨ He noted that some funding is on a calendar and some on a fiscal basis (July 1 to June 30) so there would significant calculations to ensure cuts impact the correct budgets.
- Teresa Betancourt asked if the Council should give agencies a '*heads up.*'
  - ⇨ Steven Tierney noted that contract meetings with providers have been conducted to ensure they are aware that there could be cuts in funding from the City, State and CDC.

Motion was made and seconded to accept recommendation "B, Formula for Budget Reductions." There was no further discussion. The question was called. The motion passed unanimously.

Chair identified members of Working Group and the Council expressed its appreciation.

HIV PREVENTION PLANNING COUNCIL
Minutes
May 08, 2003

San Francisco's HIV Prevention Approaches and CDC's New Initiative: How can the HPPC Meet Both Priorities?

Gwen Smith reminded Members of information regarding the CDC's New Initiative (found at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5215a1.htm). She introduced Tracey Packer, who distributed a printout of her presentation entitled, "*San Francisco's HIV Prevention Approaches and CDC's New Initiative …*" (a copy of which is enclosed for absent members). Some of the highlights not covered by the text of the presentation follow.

- Tracey Packer stated that later in the agenda Steven Tierney would discuss his impressions, and what he has learned traveling to Washington and Sacramento regarding the CDC priorities.
- The objective of the presentation and small group work is to have members gain a better understanding of the Initiative and begin fashioning a response.
  - ⇨ Some of that response can be included in the 2004 Plan currently being written as well as the Cooperative Agreement application, which is due in September.
- CDC's new Initiative is being incorporated into this guidance for the 2004 Cooperative Agreement, currently in Draft 18, however it is not finalized as yet.
  - ⇨ In response to Michael Discepola's request, Steven Tierney stated that Betty Chan Lew would, upon request, send a copy of the latest draft to members.
- Tracey Packer noted that HPPC suggests, and State law requires, counseling with testing, but the CDC is suggesting "un-linking" counseling and testing.
- Prior to this Initiative, the CDC has never before specified priorities, or attempted to standardize procedures, to local jurisdictions.
  - ⇨ HPPC has locally developed priorities and encourages providers to develop policies and procedures appropriate for their communities.

Steven Tierney provided insights based on his dealings with the CDC, including the following --

- What is going on has more to do with cultural influence than prevention effectiveness.
  - ⇨ The new emphasis is moving away from HIV Prevention involving community capacity building in the Gay community and/or involving community building amongst injection drug users.
- There is a huge difference between what is going on in Sacramento where budget deficits are forcing a change in approach and in Washington, which is culturally motivated.
- He also noted that in Dr. Julie Gerberding's Media Conference announcing the New Initiative she stated that, "*HIV prevention doesn't work.*"
  - ⇨ Dr. Gerberding stated that there have been 40,000 new HIV cases each year for the past five, which she asserted, proves that HIV prevention is ineffective.
    - Steven Tierney pointed out that almost all epidemiologists agree that without the HIV prevention efforts that number may have been 160,000 per year.
  - ⇨ Dr. Gerberding also stated that 25% of HIV infected people are unaware of their status, claiming that this too is proof that HIV prevention doesn't work.
  - ⇨ Dr. Gerberding repeatedly asserted that 25-50% of all new infections are among youth.
    - Steven Tierney stated that there is not a shred of evidence verifying this statistic in the United States, which is the subject of the new Initiative.
      - * He noted that only when one includes sub-Saharan Africa in a worldwide statistic does that percentage have validity.

- Steven Tierney pointed out that the people in charge of policy at the CDC have previously expressed the position that education should focus solely on "*Abstinence Only.*"
- He noted that the primary focus of this political group is AIDS Drug Assistance Program (ADAP).
  - ⇨ He further explained that this political group's approach to ADAP does not involve the widest distribution of AIDS drugs to the greatest number of people, but rather guarantees to the pharmaceutical industry that each year the funding will increase and the permissible cost per drug will increase.
- The New Initiative could be summarized as focusing on Testing, Prevention with Positives, and Data & Evaluation, adding:
  - ⇨ Regarding Testing --
    - Perinatal testing be voluntary,
    - Testing be unlinked from counseling, and
    - Use of Rapid Testing where possible.
      - * He noted that is a huge shift in policy.
      - * He also pointed out that former Congressman Tom Colburn of Oklahoma has long advocated mandatory Perinatal testing, and is now the head of the President's advisory committee.
  - ⇨ Regarding Prevention with Positives --
    - The only intervention suggested is Prevention Case Management.
      - * This is the old Public Health model of identifying by testing and then control.
  - ⇨ Regarding Data & Evaluation --
    - Once positives are identified through testing and attempts are made at controlling their behavior, the remainder of the CDC HIV Prevention budget would be dedicated to evaluating how well the tactics work.
- He pointed out that the New Initiative would be funded by with the directly funded CBO monies.
  - ⇨ He explained this is money originally came from the Congressional Black Caucus also known as the Minority HIV Prevention Initiative.
- He also stated that the New Initiative contains numerous new indices to measure effectiveness.
  - ⇨ However, these measurements are not ready for this year's RFPs and so the CDC is proposing level funding for 2004 for directly funded agencies.
  - ⇨ The CDC is further proposing rolling out funding based on the New Initiative for the Plan cycle 2005-10.
- At recent meetings for directly funded CBOs, representatives of the CDC noted that the New Initiative only provides funding for Testing and Prevention for Positives.
  - ⇨ When asked about funding for other initiatives, including for people of color, the CDC indicated that such should be funded by the various States and Cities.
    - This is without regard to the fact that State funding comes generally from the CDC and the City's from the State and CDC.
- Steven Tierney suggested the Small Groups explore:
  - ⇨ How to best provide needed services to our communities in light of the new direction CDC is taking; and

- ⇨ As leaders in Health Promotion and Disease Prevention, what can be done to ensure the voices of the people are heard, in an effective fashion so that the changes taking place in CDC policy don't have a negative impact in San Francisco.
- Israel Nieves-Rivera added that because of this shift, in May '04 $1.2M in direct funding to SF CBOs will be gone.
  - ⇨ He noted that most of this funding has been targeted to communities of color and MSM.
  - ⇨ He added that the cuts presume that the State of California or the City of SF will absorb those costs.

The Council divided into four small groups for further discussion of: 1) Testing, 2) Prevention for Positives, 3) Partner Counseling Referral Services (PCRS), and 4) Perinatal Prevention. Members and Professional Staff were directed to join whichever of these groups most interested them.

Gwen Smith called the Council back together asking the four small groups to briefly summarize their findings. She stated that the notes from each of the groups would be distributed by way of e-mail to all members.

1) Testing:
   John Newmeyer reported the group being unsupportive to the unlinking of testing and counseling, adding:
   - ⇨ With Rapid Testing there would likely be a move toward home testing.
   - ⇨ The group suggested there should be a demonstration of the effectiveness of such testing regarding prevention.
   - ⇨ The group sees testing without counseling and Prevention Case Management (PCM) for Positives as being contradictory; without counseling at the time of testing there is no connection to the person.
   - ⇨ The group suggests providing training for physicians doing HIV testing.
   - ⇨ The group also suggested stating a formal objection in the annual submission to CDC of the Cooperative Agreement.
2) Prevention for Positives
   Aaron Cohen reported the group's view that PCM should be one of many approaches to working with positive individuals, adding:
   - ⇨ The group would rather that PCM include / incorporate / integrate with substance use, mental health, dealing with social isolation, and other needs.
   - ⇨ The group discussed a media campaign regarding responsibility for positives to prevent others from seroconverting.
   - ⇨ The group also proposed writing a letter to the CDC stating that local planning bodies should set priorities.
3) PCRS
   Steve Gibson reported that the group asserted that community groups could design referral services that are more effective than those designed by the Federal Government.
   - ⇨ The group also suggested this view be expressed to the CDC in a letter of complaint similar to what was proposed by the other groups.
4) Perinatal Prevention
   Teresa Betancourt reported the group's view that perinatal testing is not appropriate for all pregnant women adding:

- ⇨ Testing and counseling should not be separated.
- ⇨ Testing and counseling should include families and partners.
- ⇨ The group argued against having everyone tested.
- ⇨ The group suggested broadening perinatal prevention to include advocacy regarding housing, health, other similar issues, and should --
  - Address women's concerns before they become pregnant.
  - Focus on both children and others in the family.
- ⇨ The group suggested exploring non-traditional healing and peer lead prevention work.

Gwen Smith stated this is just the beginning of the Council's discussions regarding the CDC's New Initiative. She noted that discussion on this topic would continue at the committee level and at the next Council meeting. She invited members to continue to think about the issues raised, and make notes of their thoughts and impressions.

Evaluation and Adjournment

Gwen Smith noted that at the end of each meeting a summary would be made of the accomplishments. She stated that the number one accomplishment at this meeting was that members' voices were heard and that there was a lot of discussion. Another accomplishment was that members voted on recommendations for new money. The members began their response to the CDC's New Initiative. And the Council expressed its leadership.

- She noted that 09/15/03 is the due date for the Cooperative Agreement and that the Council's opinion should be expressed there; including the ideas aired at this meeting.

Gwen Smith reminded members to complete the distributed Evaluation forms.

The meeting was adjourned at 5:55 PM

Minutes prepared by David Weinman
Minutes reviewed by Tracey Packer and Gwen Smith.

Reminder: The next HPPC meeting will be held on Thursday, June 12th, 3:00-6:00 PM, Mayor's Conference Room, City Hall, San Francisco.

HIV Prevention Planning Council Meeting
Thursday, June 12, 2003
3:00-6:00 pm
City Hall, Room 201
San Francisco, CA

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Agenda

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	**Welcome, Introductions, Announcements, and Refreshments**	**Israel Nieves-Rivera**
3:15 pm	**Review and Approval of Minutes of May 8, 2003** ***VOTE***	**Israel Nieves-Rivera**
3:20 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**Israel Nieves-Rivera**
3:30 pm	**Member Response to Public Comment**	**All**
3:40 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. Follow up on the CDC Initiative. Members will discuss co-sponsoring a community forum on the Initiative, writing a letter to CDC, and giving input to the HPPC delegation to UCHAPS. ***VOTE***	**Israel Nieves-Rivera**
3:55 pm	**HIV in 2003: Current and Future Trends** Objective: To discuss trends in HIV incidence and prevalence based on recent data ***POSSIBLE VOTE***	**Willi McFarland, HIV/AIDS Statistics and Epidemiology**
4:35 pm	**Break**	
4:50 pm	**Proposal for Updated Priority Setting Model** Objective: To hear recommendations from the Plan Policies Committee for a revised priority setting model to effectively reflect HIV risk in San Francisco. ***VOTE***	**Plan Policies Committee**
5:45 pm	**New Business** Objective: To suggest topics for the HPPC to discuss on future agendas. ***POSSIBLE VOTE***	**Israel Nieves-Rivera**
5:55 pm	**Summary and Closure of Meeting**	**Israel Nieves-Rivera**
6:00 pm	**Adjournment**	**Israel Nieves-Rivera**

Note: All meetings are open to the public and are held in handicapped accessible facilities Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:
Community Liaison: Monday, **June 19**, 2:00 - 3:30 PM, 25 Van Ness Ave
Membership: Monday, **July 14**, 3:00 – 4:30 PM, 25 Van Ness Ave
Plan Policies: Tuesday, **June 24**, 12:30 – 2:30 PM, 25 Van Ness Ave
Plan Research: Thursday, **July 3**, 3:30 – 5:00 PM, 25 Van Ness Ave

Full Council: Thursday, **July 10, Diversity Training, Closed Session**, 3:00 – 6:00 PM, The San Francisco LGBT Community Center, 1800 Market Street (@ Octavia), Ceremonial Room, 4th Fl.

Know your rights under the Sunshine Ordinance. Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force Donna Hall, City Hall, Room 244, 1 Dr Carlton B Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax. 554-7854, E-Mail. Donna_Hall@ci sf.ca.us.

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products Please help the City accommodate these individuals

2003 HPPC Parking Lot

Discussion on MSMs and substance use, including methamphetamine use
Discussion of PCM specifically for transgender MTF, including information gathered from client satisfaction surveys
Discussion on HIV and homelessness
Discussion on barriers to access to medical care
Discussion on the lack of positive sex messages for gay men
Funding and sex positive messages
Discussion on abstinence based prevention
Discussion of HIV Positive Speakers Bureau
Presentation on Asian & Pacific Islander (API) HIV rates in SF by Kyung-Hee Choi, Tri D. Do, Don Operario
Discussion on the citywide effects of crack use on HIV risk behavior
Presentation on Latino Gay Men: Migration, Sexuality, and HIV Risk by Hector Carrillo, Rafael Diaz
Discussion on the Enforcement of 'Point of Sale Warning' regarding Poppers
Presentation on Post Exposure Prevention Study by Michelle Roland from UCSF
Promotion of more positive images of transgendered people in agencies.
Update on Chlamydia Elimination Project (Youth & STDs)

HIV PREVENTION PLANNING COUNCIL

Minutes

June 12, 2003

The next HPPC meeting will be held on **Thursday, July 10, 2003**
3:00 – 6:00 p.m.
Diversity Training – Closed Session

Members Present:
Barbara Adler
Chata Ashley
Ari Bachrach
Erick Brown
Gayle Burns
Edward Byrom
Aaron Cohen
Michael Cooley
Michael Discepola
Steve Gibson
Robert Gomez
Paul Harkin
Thomas Knoble
John Newmeyer
Israel Nieves-Rivera
Ken Pearce
Mike Schement
Gwen Smith
Tae-Wol Stanley
Hank Wilson

Members Absent:
Teresa Betancourt
William Cochrane
Janetta Johnson
Joani Marinoff
Marcel Miranda
Andre Robertson
Rebecca Rodriguez
Gail Sanabria
Frank Strona
Steven Tierney

HIV Prevention Section:
Elizabeth Davis
Shelley Facente
Betty Chan Lew
John Melichar
John Pabustan
Tracey Packer
Elliot Ramos
Lisa Reyes

Harder + Co.:
Dara Coan
David Weinman

Guests
Erin Antunez – Glide
Matthew Bajko – Bay Area Reporter
Anushka Fernandopulle - Compass Point
Jed Herman – Stop AIDS Project
Dave Hook – HPPC Plan Policies Committee
Dredge Kang, API Wellness
Derrick Mapp –HPPC Plan Policies Committee
Loris Mattox, Westside Health Center
Willi McFarland, SFDPH – AIDS Office
H Fisher Raymond
Kevin Snielinski, UCSF – Connect Project
Max Rochea, API Wellness
Alfredo Vergara-Lobo, Compass Point
Igor Perehinets – San Jose State University

Process Evaluation Team:
Emalie Huriaux
Kathleen Roe
Pamela Washington

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Meeting called to order at 3:09 PM by Israel Nieves-Rivera.

Welcome, Introductions, Announcements, and Refreshments

Israel Nieves-Rivera welcomed attendees. He provided an explanation of how the co-chairs work together; on a rotating basis one co-chair facilitates the meetings while the others assist/support. He explained that Tracey Packer is sitting at the table for Steven Tierney, representing the health department but not acting as Co-Chair.

- Israel Nieves-Rivera announced that AGUILAS has begun a media campaign directed toward Latino Gay and Bisexual men. He distributed postcards from this campaign informing members that more are available upon request.
- John Newmeyer announced that the Haight-Ashbury Free Clinic celebrates its 36th anniversary with a banquet at St Francis that evening.

HIV PREVENTION PLANNING COUNCIL

Minutes

June 12, 2003

- Thomas Knoble announced an opening for a PCRS trainer, details will be sent to members by e-mail.
- Steve Gibson announced that on July 1st, there will be a sneak preview opening of the new Magnet facilities, details will follow by e-mail.
- Steve Gibson also announced Magnet will have a photo shoot for use with its website, and that they are looking for volunteer subjects to demonstrate the diversity in men's body types.
- Gayle Burns distributed a draft cover letter to potential new members from the HPPC Membership Committee.
  - ⇨ She noted a change in the fourth bullet point, which should read, "*Women of all race/ethnicities who have sex with men who have sex with men, with a focus on positive woman; and*" (a copy of this draft is available upon request from Betty Chan Lew).
- Gayle Burns also introduced the facilitators for the upcoming cross-cultural training, Anushka Fernandopulle and Alfredo Vergara-Lobo.
  - ⇨ It will be held 07/10/03 from 3:00 to 6:00 PM at the LGBT Center.
- Barbara Adler announced the National HIV Test Date June 27th, and that from 10:00 AM to 4:00 PM, AHP will have drop in testing.
- Barbara Adler also announced openings for part-time HIV Test Counselors.
- Hank Wilson announced Supreme Court is expected to make a ruling on the Texas sodomy case Monday, 06/16/03 or the following Monday, 06/23/03.
  - ⇨ There will be "*Community Reaction*" at 18th and Castro – either a party or protest.
- Paul Harkin announced that TARC will sponsor the "*Tranny Week*" activities, 06/22-27.
  - ⇨ Activities will include presentations regarding available programs and issues affecting the transgender community as well as a Transgender Film Festival – all are welcomed.
- Tracey Packer announced Care and Prevention Councils would hold a joint meeting 5:00 to 7:30 PM, Thursday August 5th (at Walden House, 1885 Mission).
  - ⇨ The purpose of the meeting will be to focus on primary prevention with positive persons.
  - ⇨ Also, Michael DeMayo, research consultant, will present the results of an assessment performed for the SFDPH regarding programs available for Positives.
  - ⇨ More information will be provided later by e-mail.
- Tracey Packer also pointed out that the publication, "*Atlas of HIV/AIDS in San Francisco 1981-2000*" is now available by request.
- Kathleen Roe introduced Igor Perhinets, a physician from Ukraine who will be here for the summer participating in HIV prevention activities.
- Erin Antunez announced that the Rapid Testing is going on Wednesday mornings at Glide.

Israel Nieves-Rivera noted that the focus of the Council meeting today would be on the trends in HIV and how to ensure the 2004 Plan's Priority Setting Model addresses the epidemic in SF. He added that the next meeting will address cross-cultural issues. He introduced the facilitators, Anushka Fernandopulle and Alfredo Vergara-Lobo asking them to provide an overview of the process:

- The process will start with an e-mail questionnaire in advance of the meeting.
  - ⇨ Members are asked to take time and to be honest with their responses regarding communication within the council.
  - ⇨ Those responses will be treated confidentially.

- They added that diversity cannot be approached in a vacuum, but should be looked at in an organizational context – what is important to the group.

Review and Approval of Minutes of May 8, 2003

Motion was made and seconded to approve the minutes from the meeting 05/08/03. There was no discussion or questions. The minutes were approved without objection and with two abstentions: Robert Gomez and Aaron Cohen.

General Public Comment

Israel Nieves-Rivera explained the process of General Public Comment at HPPC meetings and then introduced community members who had asked to address the Council.

- Dredge Kang from A&PI Wellness Center addressed the Council regarding the new CDC Initiative.
  - ⇨ He noted that he had attended the forum sponsored by the CDC for funded agencies.
  - ⇨ He pointed out that the initiative focuses exclusively on prevention for HIV positive persons, including those that are unaware of their serostatus.
    - The objective of this approach, he noted, is to stop positives from infecting others.
  - ⇨ He expressed concern that all of CDC's direct agency funding for prevention will go, exclusively, into these items; that no other interventions will be funded.
  - ⇨ He asserted that this strategy will decrease funding for minority CBOs and the communities they serve.
  - ⇨ He noted that any organization that says it works with minorities will qualify for funding on an equal basis.
    - This inevitably leads to unhealthy competition between smaller and larger organizations.
    - He added that smaller organizations, based in the minority communities, have a better understanding and can deal more effectively with their specific populations.
  - ⇨ He wanted Council members to be aware of this particular impact of the new initiative.

There was no other General Public Comment.

Member Response to Public Comment

- Israel Nieves-Rivera noted that the HPPC had discussed the CDC initiative at its last meeting and would be discussing it further later on the agenda.
- Steve Gibson stated that the Council is aware of the changes incorporated in the new initiative, and that it is trying coordinate its reaction.
- Chata Ashley stated that he wishes the Council and the City were in a stronger position to challenge the initiative, adding his concern about the limited available options.

HPPC Co-Chairs/Steering Committee Report

Israel Nieves-Rivera provided an overview of the recent Co-Chairs and Steering Committee activities.

- AGUILAS, in cooperation with the Ark of Refuge, is holding a community forum to discuss the new CDC Initiative (date to be announced) at the Ark of Refuge.
  - ⇨ An e-mail will go out with details.
  - ⇨ The Council is asked to approve co-sponsorship of this community forum.
    - The Council's name would be used in any promotion of the forum.
  - ⇨ The Council is also asked to write a letter to the CDC expressing the community views articulated at the forum.
  - ⇨ He also noted that invitation has been sent to all directly funded CBOs, asking them to participate in a Panel Discussion to discuss the services they currently provide.
    - This would highlight which services will no longer exist after 07/01/04.

Motion was made and seconded to co-sponsor the Community Forum, discussion followed.

- Thomas Knoble asked what the expectations for members would be.
  - ⇨ Israel Nieves-Rivera stated that attendance would be good, but not a requirement.
  - ⇨ He added that the Council's role would be to encourage discussion, not to necessarily agree with all that is said and/or agreed to at the forum.

The question was called. The motion passed unanimously.

Israel Nieves-Rivera stated that he and Michael Discepola will travel to Washington 06/20-24/03 for the UCHAPS meeting, at which the CDC's new initiative will be discussed.

- ⇨ They will represent the concerns listed during the small group exercise at the Council Meeting 05/08/03.
  - He asked if members to e-mail Betty Chan Lew with any other concerns to be raised by Wednesday 06/18/03.
- ⇨ He added that they would attend the UCHAPS meeting as well as taking the Council's concerns to the Congress.

- Michael Discepola added that they will also meet with the CDC and others while there.
- Chata Ashley asked how our CDC Project Officer has addressed the CDC Initiative and concerns of the Council.
  - ⇨ Israel Nieves-Rivera stated that the Project Officer shares information between the CDC and the HPPC but that he does not advocate on behalf of the Council.
- Michael Discepola stated that AIDS Action Council is putting together an advocacy package which will be used by UCHAPS and the National Alliance of State and Territorial AIDS Directors (NASTAD).
  - ⇨ He added that they are also coordinating meetings with legislators and others.

HIV in 2003: Current and Future Trends

Israel Nieves-Rivera introduced Willi McFarland from the HIV/AIDS Statistics and Epidemiology Section of the SFDPH. Willi distributed a copy of his presentation, "*Current Trends in the HIV/AIDS Epidemic in San Francisco*" (a copy of which is available to absent members upon request). Some of the highlights not covered in his presentation include the following.

- He started the presentation by outlining the plan for the proposed new Priority Setting Model (see below).
- Data used is from 2001 studies which continue to represent current trends.
- Incidence numbers are based on the number of new infections expected each year.

- The criterion of 8% prevalence within a BRP, in the 2001 Plan, was used because it is two-times the prevalence for the whole of the adult population of SF.
- Epidemic is partly defined as an **Unexpected** increase number of new infections.
  - ⇨ Therefore, HIV is epidemic for MSM, MSM-IDU, and transgendered MTF populations.
- Endemic is partly defined as having a **Predictable** number of new infections per year, although a number sufficient to sustain the endemic.
- There is no epidemic or endemic in SF among MSF, FSM – with possible exception of partners of IDU and/or transgender.
  - ⇨ This is not true elsewhere in the country and the world.
- SF's cumulative total of HIV cases is greater than the countries of Germany or the UK.
- SF's prevalence among MSM is the highest in the world.
- Current up-tick in infections is not as much as it was during the initial epidemic.
  - ⇨ Newer data may also show that there has been a leveling off.
  - ⇨ The current rate of infection can, nonetheless, sustain the epidemic indefinitely.
- Current life expectancy, after an AIDS diagnosis, may be 25 years or more.
  - ⇨ 85% of persons diagnosed with AIDS in 1995 are alive.
  - ⇨ Even the low average of 500 new infections per year experienced in the mid 1990's is sufficient to perpetuate the epidemic indefinitely.
- Some statistical reports indicate people living with AIDS are increasing risk behavior.
- SF has the highest rate of syphilis in North America.
- Unprotected anal sex is among HIV positive, negative, and those of unknown serostatus, are all increasing.
- The leveling-off shown in some recent studies is, nonetheless, enough to sustain the epidemic.

Willi invited questions and comments from members.

- Robert Gomez asked if Viagra is a problem drug.
  - ⇨ Willi McFarland indicated that there are studies that Viagra use is a factor in relation to STDs, likewise with the use of Poppers.
    - He also pointed out that Poppers also have a negative interaction with Viagra relating to blood pressure.
- Tae-Wol Stanley asked if the Council's attempts to identify emerging at-risk populations are effective or if it is missing subpopulations.
  - ⇨ Willi McFarland noted that historically the transgender population was missed, but that is no longer the case and that he doesn't see other missed subpopulations.
  - ⇨ Willi McFarland agreed that the Council has identified all significant groups at risk through its priority setting model.
- Thomas Knoble asked if someone could test positive without the SF DPH knowing about the new positive test.
  - ⇨ Willi said that they could, including: by testing via mail, possible errors in confidentiality coding, tests performed in SF but not reported, and other ways.
  - ⇨ He added that is one reason the 1,000 new infections per year is an estimate.
  - ⇨ Barbara Adler noted that non-names reporting requires reports of positive tests through confidential testing, yet not for anonymous tests.
  - ⇨ Willi added that most positive tests would, ultimately, make it into the system although less directly, by such means as viral load tests and CD4 counts.

- Thomas Knoble asked about African American and white being disproportionately affected.
  - ⇨ Willi McFarland noted that whites account for 43% of the population but 77% of AIDS cases.
  - ⇨ He added that African Americans are also disproportionately affected by HIV; whereas Asians are disproportionately low, and statistics for Latinos are closer to being in proportion to the total population of Latinos in SF.
  - ⇨ He added that that API MSM, which used to have a lower rate, now have a higher rate of gonorrhea than whites, although the population's rate of HIV infection remains lower.
- Hank Wilson asked about the data collection regarding drug use in relation to seroconversion and/or STDs, and if the information is being missed.
  - ⇨ Willi indicated that regular data collection hasn't been able to describe how drug use affects risk behavior, adding that efforts are being made to capture this data; including a routine approach to behavioral surveillance among MSM and IDU.
- Israel asked for clarification regarding slide number 22 which indicated factors that may be contributing to the increase in HIV infections. The slide stated "Multiple partners and unprotected anal sex among MSM" as a risk factor. Israel asked Willi if he was suggesting that the risk was multiple partners or unprotected sex.
  - ⇨ Willi stated that the risk is unprotected sex, not multiple partners.
- In response to a question Willi noted that SF and Seattle are the only cities in the world using the detuned assay that identifies whether an infection is recent.
- Paul Harkin asked why non-IDU Crack and Speed users are at high risk, is it the drug use, or might the route of infection be MSM.
  - ⇨ Willi responded that the evidence points to the risk being sexual behavior not the use of drugs itself, adding that there are few new infections that do not involve IDU or MSM.
- Barbara Adler asked what is working in the heterosexual population.
  - ⇨ Willi indicated that needle exchange has been effective and that SF has been effective in mother to child testing and treatment.
- Hank Wilson stated that qualitative interviews at the time of testing would be very helpful.
  - ⇨ Willi indicated that this has been started, adding that in-depth interviews helped identify oral sex as a low risk of transmission.
- Guest, Jed Herman, from the Stop AIDS Project stated that the DPH is asking questions regarding drug use when testing for STDs.
  - ⇨ He also stated that studies show that having two or more partners whose serostatus is unknown is it also a significant risk for transmission.
- Jed asked how much of the increased syphilis levels affect HIV.
  - ⇨ Willi indicated that this is unknown, and that the SFDPH has asked for help from the CDC on this very point.

Jed Herman provided the Co-Chairs the report entitled, "*Epidemiologic characteristics of San Francisco early syphilis cases – Report prepared June 9, 2003.*" (A copy of this has been distributed to members under separate cover.)

HIV PREVENTION PLANNING COUNCIL
Minutes
June 12, 2003

Proposal for Updated Priority Setting Model

Chata Ashley distributed a copy of the Plan Policies Committee presentation, "*Proposal for the 2004-2008 Priority-Setting Model*" (a copy of which had previously been e-mailed to members). He distributed supporting documents from the Plan Policies Committee all dated June 12, 2003

Handout #1: Motions to HPPC June 12, 2003.
Handout #2: BRP Changes Made in 2001.
Handout #3: Information for Motion #1. and
Handout #4: Information for Motion #2 (copies of which are available upon request).

He also introduced and read the three to be voted on:

1. Modifying BRP Categories 2 and 6. The partners of transgendered persons shall be removed from Behavioral Risk Populations (BRPs) 2 and 6. They will be considered for inclusion in the list of subpopulations to be consistent with the other BRPs.
2. Prioritizing BRPs. Behavioral Risk Populations (BRPs) shall be prioritized by incidence number (i.e., the estimated number of new infections).
3. Identifying Priority Subpopulations. Subpopulations within each Behavioral Risk Population (BRP) will be prioritized for funding if they meet one or more of the following criteria:
   a) The subpopulation has a seroprevalence of 8% or higher;
   b) The subpopulation has an incidence rate that is at least 1.5 times greater than that of the BRP as a whole, based on repeat tester counseling and testing data, detuned ELISA counseling and testing data, and/or an incidence study, OR…
   c) There is evidence from at least two relevant studies conducted in San Francisco demonstrating that the group is a high-risk subpopulation (i.e., behavioral risk among the subpopulation is greater than that for the BRP as a whole). This evidence may be qualitative or quantitative. The data must have been collected from a broad range of subjects (i.e., not just one agency's clients). The data collection must have been completed since the beginning of 1997.*

   *If no relevant or local studies have been completed since 1997, earlier studies or national studies may be considered if relevance to San Francisco's current epidemic can be established

Chata Ashley also provided the History of the Council's Priority Setting Models and asked for questions or comments.

- Steve Gibson stated that the Committee provided the history so that members could see how the model is evolving and responding to needs.

Steve Gibson reread and reviewed Motion #1. He then asked for questions and discussion.

- Michael Cooley asked if partners of transgendered persons would be removed because they will be included in other BRPs.
  - ⇨ Steve Gibson said if the subpopulation qualifies, it would be included in the appropriate BRP.
  - ⇨ He noted that partners' inclusion in the BRP itself is a result of the history of the Council's approach to the transgender community.
  - ⇨ He added that partners are categorized as subpopulations in other BRPs and that this proposal would make all of the BRP consistent.

- Tae-Wol Stanley asked where the partners of transgendered persons would fit in the proposed BRP layout.
  - ⇨ Steve Gibson responded that they would be considered for inclusion as subpopulations of the various BRPs.
  - ⇨ Steve Gibson reiterated that the proposal is for the model, not the content of the specific subpopulations.
  - ⇨ Tae-Wol Stanley commended the committee for simplifying the BRPs.
- Ari Bachrach asked for an example of how partners of transgendered persons would be categorized.
  - ⇨ Tracey Packer clarified that MST may be categorized in BRP in #1 MSM or #8 MSF.
  - ⇨ She pointed out that if partners of transgendered persons were identified as a subpopulation, this would highlight the group as a subpopulation.
  - ⇨ She added that a Council sponsored needs assessment gathered data on this group.
- Mike Schement stated that part of the objective was to categorize groups based on the risk of their behavior.
- John Newmeyer stated that partners should be identified as a subpopulation based on the activities they engage in with their partners.
- Ken Pearce said that it would be difficult to get statistical information on partners, and asked if this would have an effect on subpopulations' ability to qualify for funding.
- Michael Cooley asked what agencies are working with partners of the transgendered persons.
  - ⇨ Dara Coan said that no agency applied for funding, or is delivering service specifically to the partners of transgendered persons, but agencies can target this population.
  - ⇨ Tracey Packer added that agencies targeting transgendered persons tend to work with partners too.
    - She also pointed out that the model is supposed to be about risk, for the purpose of prioritizing, not targeting. Agencies are to develop their programs appropriately to reach those with which they have expertise.
- Dara Coan summarized information from the needs assessments of 2002:
  - ⇨ In-depth interviews were conducted involving 42 MST (approximately),
  - ⇨ Focus groups were conducted with transgendered persons regarding their partners;
  - ⇨ The men asserted that there was some, although not a lot of unprotected sex;
  - ⇨ The men also did not report engaging in receptive anal sex;
  - ⇨ The transgendered persons reported, however, that their partners engage in receptive anal sex; and
  - ⇨ The assessment found there is some risk to partners, but that the size of the population is unclear.
- Ari said that partners of transgendered persons are a hidden subpopulation that is hard to reach, adding that this may be a subpopulation dealt with by Motion #3.
  - ⇨ Tracey added that this might be better addressed in the Community Services Assessment (CSA.)
- Dave Hook, a community member of the Plan Policies Committee, stated that the model should be based on data. When the Council suspects there is a group at high risk, but there is insufficient data, it should conduct or sponsor research. He added that this is the intent of Motion #3.

- Gayle Burns noted the two top groups noted by Willi McFarland, MSM and transgender, are accommodated by the proposals and stated her agreement with the model's approach.
- Ari Bachrach asked that since there is insufficient data regarding partners of transgendered persons, that the Council still needs to respond to the potential risk.

The question was called. There were no objections to calling the question. Israel Nieves-Rivera noted that the motion is by committee. Vote was taken by roll call:

Member	Vote
Barbara Adler	Yes
Chata Ashley	Yes
Ari Bachrach	Abstain
Teresa Betancourt	Not Present
Erick Brown	Yes
Gayle Burns	Yes
Edward Byrom	Yes
William Cochrane	Not Present
Aaron Cohen	Yes
Michael Cooley	Yes
Michael Discepola	Yes
Steve Gibson	Yes
Robert Gomez	Yes
Paul Harkin	Yes
Janetta Johnson	Not Present

Member	Vote
Thomas Knoble	Yes
Joani Marinoff	Not Present
Marcel Miranda	Not Present
John Newmeyer	Yes
Israel Nieves-Rivera	Yes
Ken Pearce	Yes
Andre Robertson	Not Present
Rebecca Rodriguez	Not Present
Gail Sanabria	Not Present
Mike Schement	Yes
Frank Strona	Not Present
Gwen Smith	Yes
Tae-Wol Stanley	Yes
Steven Tierney	Not Present
Hank Wilson	No

The Motion passed.

Steve Gibson reread and reviewed Motion #2 and asked for discussion.

- Hank Wilson expressed concern that the Consensus Meeting did not consider certain things, was not perfect, and in particular missed non-IDU drug use.
  - ⇨ Steve Gibson responded that drug use could be addressed in the CSA, even if there is insufficient data collected to prioritize a subpopulation for funding.
  - ⇨ Michael Discepola noted that non-IDU drug use has been widely discussed by the Plan Policies Committee, and reminded the Council that the proposal is for the model and the Committee has not yet proposed specific subpopulations.
  - ⇨ Tracey Packer noted that the high incidence number for MSM reflects non-IDU drug use that has been widely reported of late, including in the data presented by Willi McFarland.
    - She added her confidence the subpopulation of non-IDU drug users will have a great deal of focus.

The question was called. There were no objections to calling the question. Israel Nieves-Rivera noted that the motion is by committee. Vote was taken by roll call:

Member	Vote
Barbara Adler	Yes
Chata Ashley	Yes
Ari Bachrach	Yes
Teresa Betancourt	Not Present
Erick Brown	Yes
Gayle Burns	Yes
Edward Byrom	Yes
William Cochrane	Not Present
Aaron Cohen	Yes
Michael Cooley	Yes
Michael Discepola	Yes
Steve Gibson	Yes
Robert Gomez	Yes
Paul Harkin	Yes
Janetta Johnson	Not Present

Member	Vote
Thomas Knoble	Yes
Joani Marinoff	Not Present
Marcel Miranda	Not Present
John Newmeyer	Yes
Israel Nieves-Rivera	Yes
Ken Pearce	Yes
Andre Robertson	Not Present
Rebecca Rodriguez	Not Present
Gail Sanabria	Not Present
Mike Schement	Yes
Frank Strona	Not Present
Gwen Smith	Yes
Tae-Wol Stanley	Yes
Steven Tierney	Not Present
Hank Wilson	Yes

The motion passed unanimously.

Steve Gibson reread and reviewed Motion #3. He highlighted that the vote today is on the model, not the actual subpopulations to be included. He noted that the timeframe was limited to 1997 because that was when the impact of HAART started to be apparent. He also noted that members could suggest indicators in addition to those listed in the presentation. Discussion followed.

- Hank Wilson stated that it is difficult to reach youth, adding that he assumes youth is not going to be in the model based on data. He stated that prevention to youth is an investment and should be prioritized without regard to data.
  - ⇨ Israel Nieves-Rivera noted that age is included as an indicator.
- Ari Bachrach stated concern for hidden populations, particularly those for which data has not been collected; citing SWANA.
  - ⇨ Dara Coan responded that just because a subpopulation is not identified as a subpopulation doesn't mean it won't get funding.
    - She added that the Committee has discussed how to help providers apply for funding for groups which, based on their community experience, are at risk.
  - ⇨ Derrick Mapp reiterated that the proposal is for acceptance of the model at this time, not subpopulations, which will be identified in application of the criteria.
- Tracey Packer noted that youth would clearly be identified as a subpopulation under MSM, as it was in the 2001 Plan.
  - ⇨ She added that youth might also be a subpopulation of IDU.
- She noted that community values are part of the model and that this motion is meant to provide a means for providers to apply for funding beyond the confines of incidence data.
- Barbara Adler noted that the Committee felt strongly about the listed indicators.
- Mike Schement stated that an important difference between this Plan and the 2001 Plan is the combination of the three criteria and the CSA, which together should express the communities' concerns.

- Chata Ashley stated that the Committee has discussed youth a number of times and will again when it formalizes the proposed subpopulations.
- Erick Brown suggested adding gender identification as an indicator, particularly as it relates to transgender issues.
- Israel stated that sometimes agencies put the emphasis on youth rather than on the activities that put them at risk - sex.
  - ⇨ He emphasized that agencies should focus on the activities that cause risk.

The question was called. There were no objections to calling the question. Israel Nieves-Rivera noted that the motion is by committee. Vote was taken by roll call:

Member	Vote
Barbara Adler	Yes
Chata Ashley	Yes
Ari Bachrach	Abstain
Teresa Betancourt	Not Present
Erick Brown	Yes
Gayle Burns	Yes
Edward Byrom	Yes
William Cochrane	Not Present
Aaron Cohen	Yes
Michael Cooley	Yes
Michael Discepola	Yes
Steve Gibson	Yes
Robert Gomez	Yes
Paul Harkin	Yes
Janetta Johnson	Not Present

Member	Vote
Thomas Knoble	Yes
Joani Marinoff	Not Present
Marcel Miranda	Not Present
John Newmeyer	Yes
Israel Nieves-Rivera	Yes
Ken Pearce	Yes
Andre Robertson	Not Present
Rebecca Rodriguez	Not Present
Gail Sanabria	Not Present
Mike Schement	Yes
Frank Strona	Not Present
Gwen Smith	Yes
Tae-Wol Stanley	Yes
Steven Tierney	Not Present
Hank Wilson	Abstain

The motion passed.

Steve Gibson discussed the next steps for the committee. He noted that the Committee would discuss the concerns expressed by the Council: youth, gender identificatopm, and partners.

<u>New Business</u>

Israel Nieves-Rivera noted that the Steering Committee discussed how to handle the volume of items on the Parking Lot. He stated that the Committee wants to acknowledge and continue to encourage suggestions, but noted that some items may not get onto the agenda this year. He reminded the Council that the large item for the year is the Plan. He asked for alternative ideas on how to provide Members with the information they request.

- Hank Wilson suggested utilizing more community forums similar to what Mike Schement, and others organized, regarding speed use in the gay community
- Chata Ashley stated that he would like to see a presentation on the Native American Rapid Assessment Process results by the Native American AIDS Project.
  - ⇨ Israel Rivera stated that this presentation is planned for a future agenda.

- ⇨ He added that much of what is on the Parking Lot would be addressed, but that the Steering Committee is looking for ways of disseminating information other than using Council agenda time.
- Mike Schement suggested emailing results, or summaries, of studies.

Summary and Closure of Meeting

Israel summarized by saying that the HPPC had made important decisions today by listening to and discussing data, and approving a priority setting model that incorporates data and community values. He thanked the members for their work and commitment to HIV prevention.

Israel also noted that the council was conscious and respectful of member's questions and comments, which enhances people's ability and/or desire to participate in the process. He noted that this is why next month's cross-cultural communication training is so important for the council.

Adjournment

Evaluation forms were distributed.
The meeting adjourned at 5:55 PM.

Minutes prepared by David Weinman
Minutes reviewed by Lisa Reyes and Israel Nieves-Rivera.

Reminder: The next HPPC meeting will be held on Thursday, July 10, 3:00-6:00 PM, Lesbian Gay Bisexual Transgender Community Center, 1800 Market Street (@ Octavia.) (This will be a training for HPPC members, consultants, and staff.)

HIV Prevention Planning Council Meeting
Thursday, July 10, 2003
3:00-6:00 pm
The LGBT Center
1800 Market Street (@ Octavia)
San Francisco, CA

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Agenda

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	Welcome and Introductions	Steven Tierney
3:05 pm	General Public Comment Objective: To hear the comments of members of communities on matters relevant to Council business	Steven Tierney
3:15 pm	Community Planning Training for Members, Consultants, and Staff – No Business will be Conducted	All
6:00 pm	Adjournment	Steven Tierney

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Note: All meetings are open to the public and are held in handicapped accessible facilities Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:
Community Liaison: Thursday, **July 17,** 2:00 - 3:30 PM, 25 Van Ness Ave
Membership: Monday, **July 14**, 3:00 – 4:30 PM, 25 Van Ness Ave
Plan Policies: Tuesday, **July 22**, 12:30 – 2:30 PM, 25 Van Ness Ave
Plan Research: Thursday, **August 7,** 3:30 – 5:00 PM, 25 Van Ness Ave
Full Council: Thursday, **August 14,** 3:00 – 6:00 PM, City Hall, Room 201

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2003 HPPC Parking Lot

Discussion on MSMs and substance use
Discussion of PCM specifically for transgender MTF, including information gathered from client satisfaction surveys
Discussion on HIV and homelessness
Discussion on barriers to access to medical care
Discussion on the lack of positive sex messages for gay men
Funding and sex positive messages
Discussion on abstinence based prevention
Discussion of HIV Positive Speakers Bureau
Presentation on Asian & Pacific Islander (API) HIV rates in SF by Kyung-Hee Choi, Tri D. Do, Don Operario
Discussion on the citywide effects of crack use on HIV risk behavior
Presentation on Latino Gay Men: Migration, Sexuality, and HIV Risk by Hector Carrillo, Rafael Diaz
Discussion on the Enforcement of 'Point of Sale Warning' regarding Poppers
Presentation on Post Exposure Prevention Study by Michelle Roland from UCSF
Promotion of more positive images of TG people in agencies.
Update on Chlamydia Elimination Project (Youth & STDs)

HIV PREVENTION PLANNING COUNCIL

Minutes

August 14, 2003

The next HPPC meeting will be held on **Thursday, September 11, 2003**
3:00 - 6:00 p.m.
City Hall, Room 201, San Francisco

Members Present:
Barbara Adler
Chata Ashley
Erick Brown
Gayle Burns
Edward Byrom
Aaron Cohen
Michael Discepola
Steve Gibson
Robert Gomez
Janetta Johnson
Thomas Knoble
Joani Marinoff
Marcel Miranda
Israel Nieves-Rivera
Ken Pearce
Andre Robertson
Rebecca Rodriguez
Gail Sanabria
Gwen Smith
Frank Strona
Steven Tierney
Hank Wilson

Members Absent:
Ari Bachrach
Teresa Betancourt
William Cochrane
Michael Cooley
Paul Harkin
John Newmeyer
Mike Schement
Tae-Wol Stanley

HIV Prevention Section:
Eileen Loughran
Tracey Packer
Lisa Reyes

Harder + Co.:
Dara Coan

Guests
Tiea Dublin - Black Collective
Igor Perehinets - San Jose State University
Jen Sarche - AIDS Office Research Section
Fred Vanhoose - Shanti L.I.F.E.

Process Evaluation Team:
Emalie Huriaux
Kathleen Roe
Pamela Washington

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Meeting called to order at 3:10 PM by Steven Tierney.

Welcome, Introductions, Announcements, and Refreshments
Members and guests introduced themselves. Joani Marinoff announced that she will be teaching a Hepatitis C class @ City College. The class will begin on September 16, and will end on November 11.

Marcel Miranda handed out the STD monthly morbidity report.

Frank Strona announced that the Prevention for Positives Working Group (a collaborative from group from both the CARE and HPPC Planning Councils) will be meeting on Friday August 29 from 1:00 - 3:00 PM.

Jen Sarche handed out an NIH flyer on HIV vaccines.

HIV PREVENTION PLANNING COUNCIL
Minutes
August 14, 2003

Steven Tierney announced that the State Community Planning Group will be meeting in San Francisco on August 26 and 27, and that all HPPC members are welcome to attend the meetings.

Review and Approval of Minutes of June 12, 2003
The minutes were approved without objection.

General Public Comment
There was no public comment.

HPPC Co-Chairs/Steering Committee Report

Steven announced that the HIV Prevention Section would be able to send two council members to attend the United States Conference on AIDS in New Orleans (in addition to the Council Co-Chairs). Michael Discepola will be sent to represent the HPPC with UCHAPS. Steven announced that a raffle would be held during the break for the other attendee, and interested members should submit their names. [At the break, Janetta Johnson's name was drawn to attend the USCA. Frank Strona's name was drawn as alternate.]

Steven announced that the Indicators Working Group would be meeting on Tuesday August 19 from 2:00 – 4:00 and all interested members should attend this meeting.

New Business

- Hank Wilson expressed concern about how to get items from the parking lot to the agenda. He would like to see these topics get addressed. Steven replied that the Co-Chairs and the Steering Committee have been working on this and the issues would be discussed on the next agenda.

- Hank requested that research abstracts presented at the CDC Prevention Conference from CAPs and Department of Public Health be made available to council members as requested. Steven replied that the program is on CD Rom and is available for review from HPS staff.

- Steven mentioned that he will send a copy of the NY Times article "Living on the Down Low" to all HPPC members.

- Steven gave an update on the new CDC initiative and mentioned that San Francisco applied for 4 demonstration projects. He stated that we haven't yet been notified of their status. Hank Wilson requested a copy of the demonstration project application.

  Demo projects:
  3 projects were applied for:
  - enhancing rapid testing primary care
  - PCRS and rapid testing
  - rapid testing with incarcerated populations

Preliminary decision on Tuesday, August 19, 2003
Services to be up and running October 2003

San Francisco Leadership Initiative (SFLI)

Steven presented an overview of the new CDC initiative and provided a framework for the San Francisco Leadership Initiative.

- He explained that the Steering Committee feels that it is time for the Council to respond to CDC's New Initiative. The SFLI would be a vehicle to accomplish this.
- Suggested components:
  1. Taking leadership role by saying how we best use our San Francisco funds
  2. City – cultural appropriateness, community specific, social marketing, access to care, social capital building
  3. Letters to CDC and Congress
  4. Role in advocacy and education of policy makers

- Things to consider for inclusion in the SFLI:
  1. Roles of CPG
  2. Health Care Advocacy
     i. Eliminate HIV
     ii. Increase access
     iii. Eliminate disparities
  3. Raise voices of all impacted communities
  4. Strategic investment of resources

- Israel talked about the effect of the new initiative on community-based organizations:
  1) Millions of funds targeting people of color will be cut as of May 30 when the grant will be over. The funding will now focus on the new initiative.
  2) Capacity building assistance programs are also ending. Capacity building will continue but only so that agencies can implement the new initiative.
  3) $1.7 million cut in San Francisco services to gay men, women, and youth. These funds went mostly to organizations of color – San Francisco, Oakland, and Bay Area
  4) CDC has issued a document to be used in developing prevention programs, referred to as "Interventions in a box" by some community members. They have not been tested in community of color.

Steven opened the discussion to include comments from the Council. He asked what role should council take.

Members respond to the SFLI presentation:

- Michael Discepola supports taking a leadership role for HPPC to determine how prevention should be done in San Francisco.

- Edward stated that he supports the SFLI and sees it as a way to educate communities about prevention in San Francisco.
- Joani supports and is concerned about elimination of focus on local communities know best.
- Chata agreed that the SFLI should challenge the government.
- Andre noted that the government responds to financial concerns. He wondered if the HPPC could show them that it costs more to take care of people with HIV/AIDS than to do prevention.
- There was motion to adopt SFLI as project of Council by Frank and seconded by Michael. The motion carries by consensus.
- Steven said this would be referred back to the Steering Committee to determine how to proceed.

Cooperative Agreement 2004

Charles Klein provided council members with an update and timeline for the 2004 Cooperative Agreement application. He reminded members that the September 11 Council meeting would be the meeting to vote on the final draft of the Cooperative Agreement.

Charles Klein has the responsibility of coordinating the writing of the 2004 Cooperative Agreement application. He provided an overview for the HPPC. The following are from his Power Point presentation:

- New Guidance for Cooperative Agreement and Community Planning
- Includes Advancing HIV Prevention Initiative priorities
- First year of five year funding cycle
- Performance Indicators

Timeline:

- First draft to Council members—August 29
- Council Input
  - Two Meetings at the AIDS Office: Monday, September 8, 5 p.m., 5th Fl Conference Rm
    Tuesday, September 9, 12 noon, 5th Fl Conference Rm
  - By e-mail (Charles.Klein@sfdph.org), fax (415-431-7547), or phone (415-554-9006) by September 9, 5 p.m.
- Final comments—September 9
- HPPC vote for concurrence—September 11
- Mail Application—October 2, 2003

HIV PREVENTION PLANNING COUNCIL
Minutes
August 14, 2003

Cooperative Agreement Required Sections

- Community Planning (including Letter of Concurrence and Prevention Plan)
- HIV Prevention Activities
  - CTR
  - PCRS
  - Prevention with HIV-Positive Persons
  - Health Education/Risk Reduction
  - Public Information

- Perinatal Transmission
- Quality Assurance
- Evaluation
- Capacity-Building Activities
- STD Prevention Activities

- Collaboration and Coordination
- Laboratory Support
- Additional Information
  - Travel
  - Other Activities
  - Unmet Needs
  - Management and Staffing Plan
- Budget

This year the CDC is requiring grantees to include performance indicators and targets.

- Baseline and 1 year and 5 year targets for 20 performance indicators
- Why? According to CDC, performance indicators and targets
  - Reflect good management
  - Measuring performance emphasizes results
  - What gets measured gets done

What are Performance Indicators?
"a performance indicator (or measure) is a piece of information, fact, or statistic that provides insight into the performance of a program"

CDC Technical Assistance Guidelines

Examples

- Overall Indicator 1: # of newly diagnosed HIV infections
- CTR 2: % of newly identified, confirmed HIV-positive test results returned to clients
- Health Education/Risk Reduction (HERR) 1: Proportion of clients completing intended number of individual, group and prevention case management sessions.

Indicators Overview

- Overall (2)
- CTR (3)
- PCRS (3)
- Perinatal (1)
- Community Planning (4)
- Evaluation (1)
- Capacity Building (1)
- Health Education (3)
- Prevention with Positives (2)

Indicator Timeline

- This year: Set baseline, 1 year and 5 year targets in Cooperative Agreement Application
- April 2005: Report on 2004 Performance
- Through September 2005: Revise baseline and 5 year targets as needed

Steven reminded the council that there will be two meetings for them to provide technical/logistical feedback on the application. These meetings will be held on:

Monday, September 8 @ 5 PM at 25 Van Ness Avenue, 5th Floor Conference Room
Tuesday September 9 @ 12 noon at 25 Van Ness Avenue, 5th Floor Conference Room

Community Planning Group Survey

Council members used this time to complete the CDC "Community Planning Membership Survey." This data will be used as baseline data for one of the community planning indicators.

Discussion of the Community Plan for Syphilis Prevention

Council members were informed of and reviewed the Community Plan for Syphilis Prevention. Jacque Siller and Frank Strona informed members of the planning process of this initiative and provided two versions of the Syphilis Prevention Plan, one developed for providers, the other developed for the community. Israel made the motion to approve the Community Plan for Syphilis Prevention. The motion was seconded by Chata. There was one abstention by Marcel Miranda. The Community Plan for Syphilis Prevention approved.

HIV PREVENTION PLANNING COUNCIL
Minutes
August 14, 2003

Follow up on Cross-Cultural Communication Training
Israel facilitated this section. The goal of this agenda item was to allow members to get closure on the July 10th training, which due to time constraints, was not possible in July. Council members shared their thoughts about the training. Suggestions for follow up included:

- Attend to interpersonal communication issues during meetings
- Bring issues to Co-Chairs as they emerge
- Organize a retreat with fund components for team building among Council members
- Facilitator of future trainings to observe dynamics at Council meetings 2-3 times before the training

Summary, Evaluation, and Closure of Meeting
Steven thanked the members for their attendance and participation. He noted the importance of this meeting, kicking off the San Francisco Leadership Initiative and beginning the review of the Cooperative Agreement application.

Adjournment
Evaluation forms were distributed.
The meeting adjourned at 5:55 PM.

Minutes prepared by Tracey Packer, Lisa Reyes, and Eileen Loughran.
Minutes reviewed by Tracey Packer.

Reminder: The next HPPC meeting will be held on Thursday, September 11, 3:00-6:00 PM, in Room 201 at City Hall.

HIV Health Services Planning Council
&
HIV Prevention Planning Council Meeting
Tuesday, August 5th, 2003
5:00-7:30 pm

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Walden House
1885 Mission at 15th Street
Cesar's Hall, 3rd Floor
San Francisco, CA

Agenda

Meeting called by Co-Chairs of Both Planning Councils

5:00 pm	Welcome and Introductions	**Gwen Smith & Catherine Geanuracos**
5:10 pm	General Public Comment	**Gwen Smith & Catherine Geanuracos**
5:20 pm	Vision for Prevention with Positives-*Brainstorm*	**Gwen Smith & Catherine Geanuracos**
5:30 pm	Guidance on Prevention with Positives from Funders and Councils	**Steven Tierney & Laura Thomas**
5:40 pm	Report on Assessment of Current Prevention with Positives Programs	**Michael De Mayo**
6:20 pm	Break	**All**
6:30 pm	Small Group Work on Collaborative Efforts 1. Linkages from testing to care 2. Where in care can prevention have its greatest impact 3. Gaps in prevention programs with positive individuals 4. Issues around substance use and mental health related to prevention with positives 5. Key components of a Partner Counseling and Referral (PCRS) Program	**Co-Chairs of Both Councils**
6:50 pm	**Report Back from Small Groups and Discussion**	**Gwen Smith & Catherine**

		Geanuracos
7:15 pm	Next Steps/Summary of Meeting: Vision for Prevention for Positives	**Gwen Smith and Catherine Geanuracos**

HIV Prevention Planning Council Meeting
Thursday, August 14, 2003
3:00-6:00 pm

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Walden House
1885 Mission at 15th Street
Cesar's Hall, 3rd Floor
San Francisco, CA

Draft Agenda

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	**Welcome, Introductions, Announcements, and Refreshments**	**Steven Tierney**
3:15 pm	**Review and Approval of Minutes of June 12, 2003** *VOTE*	**Steven Tierney**
3:20 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**Steven Tierney**
3:30 pm	**Member Response to Public Comment**	**All**
3:35 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. A brief report on August 5 Joint Council Meeting will be given. *VOTE*	**Steven Tierney**
3:50 pm	**New Business** Objective: To suggest topics for the HPPC to discuss on future agendas. *POSSIBLE VOTE*	**Steven Tierney**
4:00 pm	**San Francisco Leadership Initiative** Objective: To discuss how the HPPC will continue to provide leadership on HIV prevention, health promotion, and increased access to health through its expertise, passion, and commitment. *VOTE*	**Steven Tierney**
4:15 pm	**Cooperative Agreement 2004: Overview, HPPC Involvement, Priorities, Timeline, and Performance Indicators** Objective: To discuss the guidance and HPPC response for the Cooperative Agreement application to the CDC. The requirement for Performance Indicators will be discussed and members will be asked to participate in a working group to set goals for prevention effectiveness.	**Charles Klein and Tracey Packer, HIV Prevention Section**
4:45 pm	**Break**	
5:00 pm	**Community Planning Group Survey** Objective: To provide baseline data for the Community Planning Performance Indicators.	**Steven Tierney**
5:25 pm	**Discussion of the Community Plan for Syphilis Prevention** Objective: To discuss HPPC co-sponsorship of "Stopping Syphilis Among Gay and Bisexual Men in San Francisco: A Community Plan" developed by the STD	**Steven Tierney**

	Prevention and Control Program of the SFDPH and the Community Partners Committee. *VOTE*	
5:35 pm	**Follow Up on Cross-Cultural Communication Training** Objective: To complete discussion of issues from the training and to identify next steps.	**Israel Nieves-Rivera**
5:55 pm	**Summary, Evaluation, and Closure of Meeting**	**Steven Tierney**
6:00 pm	**Adjournment**	**Steven Tierney**

HIV Prevention Planning Council Meeting
Thursday, September 11, 2003
3:00-6:00 pm

City Hall, Room 201
San Francisco, CA

Agenda

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	**Welcome, Introductions, Announcements, and Refreshments** **Moment of Silence- Remembering 9/11**	**Gwen Smith**
3:15 pm	**Review and Approval of Minutes of August 14, 2003** ***VOTE***	**Gwen Smith**
3:20 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**Gwen Smith**
3:30 pm	**Member Response to Public Comment**	**All**
3:35 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section ***POSSIBLE VOTE***	**Gwen Smith**
3:40 pm	**Cooperative Agreement 2004** Objective: To discuss the final draft of the Cooperative Agreement application to the CDC and approve a letter of concurrence with the application. ***VOTE***	**Steven Tierney**
4:10 pm	**Report from Plan Policies Committee on Priority Setting Model** Objective: To get an update on priority setting model. ***POSSIBLE VOTE***	**Plan Policies Committee**
5:00 pm	**Break**	
5:10 pm	**Systems Capacity by Neighborhood (SCAN) - Overview of Findings.** Objective: To discuss preliminary results of the SCAN in the Bayview and the Tenderloin and to break into 3 groups: 1 Bayview, 2. Tenderloin, 3. Where to SCAN next	**Dara Coan and Gwen Smith**
5:50 pm	**Summary, Evaluation, and Closure of Meeting**	**Gwen Smith**
6:00 pm	**Adjournment**	**Gwen Smith**

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Community Liaison: Thursday, Sept 18, 2:00 - 3:30 PM, 25 Van Ness Avenue
Plan Policies: Tuesday, September 23, 12:30 – 2:30 PM, 25 Van Ness Avenue
Steering: Thursday, September 25, 3:00 – 5:00 PM, 25 Van Ness Avenue
Plan Research: Thursday, October 2, 3:00 – 5:00 PM, 25 Van Ness Avenue

Full Council: Thursday, October 9, 3:00 – 6:00 PM, Location TBD

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2003 HPPC Parking Lot

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Discussion on the Enforcement of 'Point of Sale Warning' regarding Poppers
Presentation on Post Exposure Prevention Study by Michelle Roland from UCSF
Promotion of more positive images of TG people in agencies.
Update on Chlamydia Elimination Project (Youth & STDs)

HIV PREVENTION PLANNING COUNCIL

Minutes

September 11, 2003

The next HPPC meeting will be held on **Thursday, October 9, 2003**
3:00 – 6:00 p.m.
Location TBD

Members Present:
Barbara Adler
Chata Ashley
Teresa Betancourt
Erick Brown
Gayle Burns
Edward Byrom
William Cochrane
Aaron Cohen
Michael Cooley
Michael Discepola
Steve Gibson
Robert Gomez
Joani Marinoff
Marcel Miranda
John Newmeyer
Israel Nieves-Rivera
Rebecca Rodriguez
Andre Robertson
Gail Sanabria
Gwen Smith
Tae-Wol Stanley
Frank Strona
Steven Tierney
Hank Wilson

Members Absent:
Ari Bachrach
Thomas Knoble
Ken Pearce
Mike Schement
Janetta Johnson

HIV Prevention Section:
Shelley Facente
Vincent Fuqua
Joe Imbriani
Charles Klein
Betty Chan Lew
Eileen Loughran
Tracey Packer
Lisa Reyes

Guests
Elizabeth Davis, HPPC Plan Policies Committee
Catherine Geanuracos, HIV Health Services Planning Council
Loris Mattox, Westside Community Mental Health
Perry Rhodes III, Cal-Pep
Jenn Sarche, AIDS Office
Ed Velasco, Adolescent Health Working Group

Process Evaluation Team:
Kathleen Roe
Pamela Washington

Harder + Co.:
Dara Coan
David Weinman

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The Meeting was called to order at 3:09 PM by Gwen Smith.

Welcome, Introductions, Announcements, and Refreshments

Gwen Smith welcomed the attendees, asked them to introduce themselves, and make any appropriate announcement, including the following. She also asked attendees to share anything exciting that happened to them the preceding week.

- Frank Strona announced that the launch of the project he has been working on, "*Safe Sex Transit,*" a place for gay, bisexual, and TG people get information as well as to meet.
  - ⇨ He also announced that they now have received enough funding to continue and promote the project's services.

- Gayle Burns announced the "*4th Annual Medicine Warriors Dance Troupe & All Nations Singers Pow Wow*" in Oakland on Saturday 09/13/03.
  - ⇨ She also distributed flyers promoting the event.
- Dara Coan distributed a job description and announced that Harder & Co. is hiring part-time temporary Interviewers (3-4) to interview single mothers.
- Jen Sarche announced that the project on Substance Abuse and MSM is starting to recruit.
- Jen Sarche also announced that 11/15/03 is National Latino Awareness Day.
  - ⇨ She also noted that the HIV Health Service Planning Council would hold a Media Conference on this event.
- Pamela Washington distributed flyers and announced that City College of San Francisco is presenting the course, "*HIV/AIDS Issues for Social Workers & Other Health Professionals*" 11/15/03.
  - ⇨ She also noted that the course meets the qualifications for seven hours of continuing education credit for MFCC and/or LCSWs.
- Joani Marinoff distributed flyers and announced that City College of San Francisco will present the course, "*Hepatitis ABC's*" beginning 9/16/03 through 11/11/03
- Joani Marinoff also noted that the HIV Program at City College is working on an update of their program and that she may contact members asking for their input.
- Marcel Miranda distributed the "*San Francisco Monthly STD Report* – data for July, 2003," from the DPH City Clinics.
  - ⇨ He noted that the number of newly diagnosed gonorrhea cases is down over last year, but cautioned that the number fluctuates.
  - ⇨ He also pointed out that there is a high rate of re-infection in both gonorrhea and chlamydia; thus clinicians are being urged to check with their patients to re-screen.
- Marcel Miranda also announced that this month the "*Healthy Penis*" campaign will begin again.
- Lisa Reyes noted that Membership Committee is recruiting new members and that several candidates were in attendance.

Moment of Silence
Gwen Smith suggested, and the attendees observed, a moment of silence in remembrance of those lost in New York, Washington DC, and Pennsylvania two years ago this day.

Review and Approval of Minutes of August 14, 2003
Motion was made and seconded to accept the minutes from the 08/14/03 meeting. There were no objections or changes, Michael Discepola abstained, and the minutes were approved.

General Public Comment and Member Response
There was no public comment.

HIV PREVENTION PLANNING COUNCIL
Minutes
September 11, 2003

HPPC Co-Chairs/Steering Committee Report

Steven Tierney announced that SF was awarded $393,478 for two years to enhance Partner Counseling and Referral Service (PCRS) programs.

- He pointed out that the grant period starts Monday 09/15/03.

Steven Tierney also provided an overview of the Co-Chairs/Steering Committee meeting, including the following highlights.

- The Gay Community Health Education Initiative – also known as "*The Waldo Initiative*" referring to the Where's Waldo books. It has been difficult to find sexuality in HIV prevention.
  - ⇨ He noted that Joe Imbriani, Vincent Fuqua and Oscar Macias will be working with gay men to determine if that population being appropriately served, over, or under-served.
    - He pointed out that no one has asked that population these questions.
  - ⇨ Part of the project is called "*Real Guys, Real Talk*" or the "*Tag Team*," which is gather formative research.
- SF Leadership Initiative – which he explained as SF's response to the new CDC Initiative.
  - ⇨ A portion of each Steering Committee meeting agenda will be dedicated to this topic.
  - ⇨ This is a strategic reallocation/reassessment, particularly in light of CDC's focus.
  - ⇨ The Committee has committed to spending CDC money as wisely as it can, and at the same time use State and City monies strategically – particularly in those programs outside of the CDC's emphasis.
- Training for Community Based Organizations (CBOs).
  - ⇨ A program to help CBOs apply for direct funding will be available under the new CDC Initiative.
  - ⇨ CBOs that are currently directly funded as well as others can apply for this assistance.
  - ⇨ Application for direct funding will be during the second week of October.
  - ⇨ Programs can only apply for those programs constituting the CDC's initiative:
    - Identifying HIV Positive people who are unaware of their serostatus,
    - Prevention with/for Positives,
    - Partner Counseling and Referral Services (PCRS), and
    - Perinatal testing and treatment.
- Continuing Advocacy for Reassessment of Priorities.
  - ⇨ He noted a success on this front, the CDC has listened to SF's objections and will continue to fund outreach for some directly funded organizations.
  - ⇨ Organizations including AGUILAS, Black Coalition on AIDS, Iris Center, Ark of Refuge, Stop AIDS, and HIFY will all be eligible to reapply.

Questions and Comments

- Andre Robertson asked about budget cuts from State funded programs.
  - ⇨ Gail Sanabria explained that various budget cuts are being looked at, but have not been decided upon.
    - She noted that her office has been doing drills to demonstrate the impact of possible cuts.

- The State Office of AIDS is currently justifying all programs currently funded and she affirmed that there is the possibility of funding cuts in the near future.

- Hank Wilson asked about rapid testing in SF.
  - ⇨ Steven Tierney stated that there has been a demonstration project at Glide and that five more agencies will be rolling out similar programs.
    - He noted that a protocol is currently being worked out and that hopefully it will be done by the end of October.
    - He added that Rapid Testing would be included in next year's RFPs.
  - ⇨ Marcel Miranda added that they are working on making it as available as possible at AHP, Glide and City Clinics
    - He noted, however, that the logistics and requirements are complex; including the counseling model, as well as lab and administration needs.
  - ⇨ Barbara stated that this is the very beginning of widespread Rapid Testing.
  - ⇨ Israel Nieves-Rivera added that rushing into this too quickly could cause problems.
  - ⇨ Hank Wilson stated that other cities have been doing Rapid Testing for years.
  - ⇨ Steven Tierney noted that the only city in California that has been doing Rapid Testing is Long Beach and that only for a year.
  - ⇨ Barbara Adler noted that Rapid Testing is a big change and needs to be administered carefully.

Cooperative Agreement 2004

Steven Tierney noted that a draft of the Cooperative Agreement was sent out to members for their review and comment. He thanked the members for their many responses. He introduced Charles Klein, senior writer at the HIV Prevention Section, who put the draft together after receiving input from Council members.

- Steven Tierney explained that the reason for this part of the agenda is that according to the CDC, one of the Council's most important tasks is to set priorities. These priorities are published in the Council's HIV Prevention Plan, which is a process currently underway.
- He provided some background on the Council's priority setting.
  - ⇨ He called members' attention to Table 2 on Page 4 which reflects the Council's decision to categorize those at risk by BRPs and to classify BRPs into three tiers for resource allocation.
    - * Tier 1 = MSM/F, TSM/F (BRPs 1 & 2)
    - * Tier 2 = MSM/F-IDU, FSM/F-IDU, TSM/F-IDU (BRPs 3,4, 5 & 6)
    - * Tier 3 = FSM/F, MSF (BRPs 7 & 8)
  - ⇨ In the past funding allocation was Tier 1 = 40%, Tier 2 = 24%, and Tier 3 = 28% plus the many programs targeted across tiers.
  - ⇨ Subsequently the Council has adjusted the allocation to better reflect the actual number of new infections in the tiers:
    - Tier 1 = 73%, Tier 2 = 18-22%, and Tier = 1-5%.
  - ⇨ The actual spending in 2002-03 has been very close to this model:
    - * Tier 1 = 71%, Tier 2 = 21%, and Tier 3 = 8%.
    - The reason for the small discrepancies is that many programs provide services to people in several BRPs/Tiers.

- Steven Tierney then reviewed the budget since the inception of the current Plan.
  - ⇨ In 2001, about 67% of funds were spent on personnel and 33% on contracts with CBOs.
  - ⇨ In 2002, there was a small increase in spending on contracts with CBOs (36%).
  - ⇨ In 2003, there was a small decrease in spending on contracts with CBOs.
    - Administrative direct costs increased in 2002-03 due to requirements from CDC.
- He noted that drafts of the Cooperative Agreement have been circulated to members.
  - ⇨ Members had opportunity to respond by e-mail, telephone, and by way of special meetings held (09/08 & 09/09) to discuss the draft.
  - ⇨ Members did respond with ideas, comments, and suggestions, which have been taken into account to produce the draft presented to the Council.
- The result of this agenda item is for the Council to stipulate its view of the CDC's application relative to the HPPC's Plan. There are three options:
  - a) The application reflects the HPPC's Plan ("*Concurrence*"),
  - b) The application only reflects the Plan in part ("*Concurrence with Reservation*"), and
  - c) The application does not reflect the HPPC's plan ("*Non-concurrence*").

Questions and comments followed.

- Marcel Miranda asked if the Cooperative Agreement includes funding for the PCRS currently being done.
  - ⇨ Steven Tierney stated that the CDC requires each jurisdiction to have a comprehensive testing program as well as PCRS.
    - PCRS used to be primarily partner notification through the City Clinics, he noted.
    - He added that PCRS has been demonstrated to be effective in some situations (particularly in rural areas) and ineffective in others (including large urban areas).
      - * PCRS has been rejected and shown to be ineffective amongst gay men and other MSM in a number of studies.
  - ⇨ Steven Tierney also pointed out that other, more effective, partner disclosure programs are currently being developed.
    - He added that the grant mentioned above is for the development of appropriate counseling services as well as a demonstration project relating to disclosure of serostatus to partners.
    - He noted a project underway in Chicago's Howard Brown Institute with preliminary results indicating positive impact of promoting disclosure to partners.
  - ⇨ The Council's task, Steven Tierney asserted, is to find a service that people actually want.
- Hank Wilson asked how youth are being addressed in the Cooperative Agreement.
  - ⇨ Steven Tierney responded that the SF Plan concentrates on BRPs and prioritized subpopulations within those groups.
    - He noted that those criteria would be discussed later in the agenda.
    - He highlighted, however, that youth is a priority subpopulation throughout the BRPs.
  - ⇨ Hank stated his concern that people under 18 aren't in any category.
    - People in the closet, he added, are in every age group, and people come of age sexually at different ages.
  - ⇨ Steven Tierney stated that youth is on the table for priority setting.

- The SF School District, he added, has also has also been offered a seat on the Council and the AIDS Office has repeatedly tried to involve them in the Council.
  * He pointed out that while it is difficult to get things into schools progress is being made.

⇨ Marcel Miranda also pointed out that Table 8, #2 the baseline of new infections among 13-24 year olds is 66 and the objective is to bring it to 49 during the five year Plan.

- Israel Nieves-Rivera highlighted that the Cooperative Agreement covers the next five years.
  ⇨ He stated that he wants to be sure that the Council is in full support of the letter before he and Gwen Smith sign it.
  ⇨ Gwen Smith agreed, stating that she doesn't want to sign the document until and unless she is sure members understand and agree.
- Chata Ashley stated that Charles Klein and the rest of the staff did a great job writing the Cooperative Agreement.
  ⇨ He noted how far the Council has come a long way since 1994 and that he looked forward to signing off on the letter.
- Michael Cooley stated that the draft is close to what the Council is trying to do.
  ⇨ He wondered if SF is actually going to get this money.
  ⇨ He also commended the DPH staff on doing a great job.
- John Newmeyer stated that the Cooperative Agreement is both refreshing and a notch better than most other documents he's seen from the City – clearly written.
- Barbara Adler stated her agreement that the Cooperative Agreement is well written and a result of good work from the staff.
- Catherine Geanuracos noted this is the first time the CARE Council has been involved in the Cooperative Agreement process and that she appreciates it.

Motion was made and seconded to approve the Cooperative Agreement and to authorize the Co-Chairs to issue a letter of concurrence. Vote was taken by roll call:

Member	Vote
Barbara Adler	Yes
Chata Ashley	Yes
Ari Bachrach	Absent
Teresa Betancourt	Yes
Erick Brown	Yes
Gayle Burns	Yes
Edward Byrom	Yes
William Cochrane	Yes
Aaron Cohen	Yes
Michael Cooley	Yes
Michael Discepola	Yes
Steve Gibson	Yes
Robert Gomez	Yes
Janetta Johnson	Absent

Member	Vote
Thomas Knoble	Yes
Joani Marinoff	Yes
Marcel Miranda	Yes
John Newmeyer	Yes
Israel Nieves-Rivera	Yes
Ken Pearce	Absent
Andre Robertson	Not Present*
Rebecca Rodriguez	Yes
Gail Sanabria	Yes
Mike Schement	Absent
Gwen Smith	Yes
Tae-Wol Stanley	Yes
Frank Strona	Yes
Steven Tierney	Yes
Hank Wilson	Yes

The motion passed unanimously.

* "*Not Present*" vote - member was not in the Council chambers during the vote.

- Gwen Smith thanked Charles Klein and the staff for their great work.
  - ⇨ Members responded with applause.
- Steven Tierney stated that the Cooperative Agreement is a living document, which guides the SFDPH.
  - ⇨ He invited members to question the document at any time and DPH will do its best to respond.

<u>Report from Plan Policies Committee on Priority Setting Model</u>

Dara Coan and Barbara Adler distributed copies of the following documents:

1. The presentation entitled, "*Priority Subpopulations for the 2004 Plan,*"
2. "*2001 Compared with 2004 Priority Subpopulations Handout for HPPC, 9/11/03,*" and
3. "2004 San Francisco HIV Prevention Plan Preparing to Read the Chapter Drafts September 11, 2003."

Copies of these documents are available upon request.

Barbara Adler presented the Plan Policies Committee's overview of its proposed Priority Setting Model, some of the highlights of her additional comments follow.

- ⇨ She explained that the Committee and the Council have three months to finalize the document before it goes to layout and printing.
- ⇨ The process of establishing priorities has highlighted where there are gaps in research about affected populations.
- ⇨ Groups not prioritized by classification as "*Subpopulations*" will not be ignored and will be, at the minimum, highlighted in the Community Services Assessment (CSA) chapter.

Questions and comments followed.

- Tae-Wol Stanley complimented the presentation, noting that it is difficult to create a model that captures everyone at risk.
  - He asked which subpopulations didn't get acknowledged.
  - ⇨ Barbara Adler pointed out three groups the Committee thought needed additional research:
    - A. <u>Youth</u> - in some BRPs there is data about youth, specifically, as a prioritized subpopulation. In other BRPs the data did not break down age.
    - B. <u>Mental Health</u> - which most providers would agree, contributes to risky behavior.
      - * She noted that distinct issues, however, have not been quantified, and there is insufficient research to pin down specific contributors.
  - ⇨ Elizabeth Davis reiterated that the process highlighted the need for more research.
    - She added that the Council needs scientific data on the risks faced by populations such as Native American women, and others.
    - She also stated that there is a lot of anecdotal evidence of groups at risk, but the process calls for research and documentation.
- Michael Cooley asked for clarification of youth's categorization in the model.

- ⇨ He added that there are a lot of non-gay identified MSM youth, and that the model should ensure that they are reached.
- ⇨ Both Israel Nieves-Rivera and Barbara Adler reiterated that the model is based on behavior, not identification.

- Frank Strona stated that part of the strength of the model is that there are so many ways for non-prioritized groups to be reached.
  - ⇨ He noted that between the various factors everyone at significant risk could be reached.
  - ⇨ He added that while the outline of the various subpopulations seems overwhelming, because they are comprised of so many factors – such as age, or race – few people are only in one of the prioritized categories.
- Andre Robertson asked about the African-American incarcerated population and the MSF IDU.
  - ⇨ Barbara Adler responded that the incarcerated population is covered in BRP-1 (MSM) as well as MSM-IDU.
- Israel Nieves-Rivera expressed his concern that with too many categories it may not be clear which subpopulations are prioritized.
    - The priorities set by the model, he added, need to be clearly stated for it to be of value to the DPH.
    - He thinks that if the definition of the groups is so narrow, the focus on who is most at risk could be lost.
    - He suggested that the priority setting model should read like a dialogue where the reader questions a group's priority relative to other groups and is able to easily see which, if either is targeted.
    - He agrees that the model should focus, as it does, on those who are at greatest risk and should concern itself less with making sure every possible group at risk is covered.
  - ⇨ Steve Gibson stated that the model is the result of the priorities previously discussed and agreed upon.
    - He stated that the Committee's objective in this presentation was to get a sense from the Council as to whether this is the right direction.
    - He also suggested that individual members should contact the Committee if they have specific questions or difficulties with the way the criteria have been applied.
- Tae-Wol Stanley asked if the identified subpopulations are a result of applying the criteria the Council previously voted on.
  - ⇨ Barbara Adler stated the lists presented are the result of applying the criteria.
- Tae-Wol Stanley then asked what was not prioritized for funding.
  - ⇨ Steve Gibson responded that the subpopulations listed are those that meet the criteria.
    - He also noted that some cofactors met the criteria in one BRP, but not in others.
    - In response to the specific question of who was not included, he noted there was insufficient research for Crack Use to be included.
    - The Committee recommends, he continued, changing the definition of youth to those under 29 years of age.
      - * By doing so there is sufficient data for youth to meet the criteria in a number of BRPs.

        * He pointed out that research studies have a variety of definitions of youth.
    - Barbara Adler added that the criteria were applied consistently to all suggested subpopulations.
        - There were some groups mentioned previously, she added, that the Committee thought should be prioritized, but data did not indicate so.
        - The CSA chapter, she noted, will highlight those groups and describe the needs.
- Marcel Miranda expressed his appreciation for the model, noting that the Committee has applied what the Council and the community has been saying over the past two years.
    - He added that inclusion of drug use, survival sex, and what the Council heard at its meetings in neighborhoods shows that members are listening to each other and the community.
- Hank Wilson stated that he wants to be sure that in concentrating on cofactors the Council doesn't lose the big picture.
    - In way of example, he stated that he is concerned about popper using MSM, but he is also concerned about non-popper using MSM.
        - While Popper users need to be reached, non-popper users need to be encouraged to continue not using and to try to help those that do.
            * Giving non-popper users information will help them.
    - Michael Discepola stated that the intent of the model isn't to urge providers to create programs just for popper users, but to ensure that those that deal with gay men focus on the use of poppers.
- Gwen Smith asked about crack cocaine users.
    - Steve Gibson stated that this was a particularly difficult topic, but that the Committee found that the available data regarding crack use was not collected by BRP and has from early 90's.
        - He added that the data was sufficient regarding the use of methamphetamines (speed) and poppers, but not crack.
    - Steve also pointed out that the model allows providers to make a case for funding prevention for a subpopulation during the life cycle of the Plan.
- Dara Coan reminded the group that the identified subpopulations are a result of examining the data that is available.
    - She added that the model is open to other, new, data.
- Tracey Packer reminded the members that the purpose of identifying prioritized subpopulations is to ensure their funding.
    - Other populations needing to be focused on, she continued, are discussed in the Community Services Agreement (CSA).
    - It is through this approach that the Council ensures that all groups at high risk are reached.
- Dara Coan suggested members review the prioritized subpopulations from providers' point of view, and e-mail her or Barbara Adler with additional questions or comments.
- Barbara Adler stated that the issues raised by putting the priority setting model together would probably be the topic of many discussions in the future.
    - She also invited members to attend meetings of this Committee, which meets on the fourth Tuesday of each month, with the next meeting on 09/23/03 12:30 to 2:00 PM.

- Steven Tierney stated that Council members should congratulate themselves on the conversation it just participated in.
  - ⇨ He stated that the Council has succeeded in reaching a balance.
    - The Council could be contentious, arguing for the sake of argument, and not honoring each other's work on such an important topic.
    - Likewise, members could be cautious about even asking questions for fear of hurting Committee members' feeling.
  - ⇨ Instead these were good discussions, he asserted, in-depth and respectful.
    - He added that members honor the work of this Committee by carefully analyzing what the Committee did, applauding those parts which made sense and questioning those parts of its work that don't.
  - ⇨ This, he added, is the kind of council we want to be.

Systems Capacity by Neighborhood (SCAN) – Overview of Findings

Dara Coan distributed a copy of the presentation document entitled, "*Systems Capacity Assessments by Neighborhood (SCANs): Preliminary Results, Bayview/Hunter's Point & Tenderloin, September 11, 2003,*" a copy of which is available upon request. Some of the presenters' remarks as well as members' questions and comments follow.

Dara Coan provided an overview of the SCAN processes and background. The goal of the SCAN was to involve community members in the review of assets in the neighborhoods and to identify prevention needs.

- She highlighted that these are the preliminary results and what is presented is an overview of the SCANs' full findings.

The BVHP SCAN

Gwen Smith presented the information on the Bayview/Hunter's Point (BVHP).

- Gwen Smith noted that the Bayview HIV Service Providers Network meets once a month, and has been doing so for four years. They became the advisory groups for the SCAN.
  - ⇨ She noted that that it involves a wide range of CBOs including non-HIV service providers.
- Dara Coan noted that on the slides titled, "*HIV Prevention Needs: Epidemiology*" the population refers to the total number of people living in the BVHP.
  - ⇨ The African-American community, comprises:
    - 45% of the total population, and
    - 73% of the total number of People Living With AIDS (PLWA).
- Dara Coan said that the SCAN showed that "several HIV prevention agencies funded by the HIV Prevention Section have a small percentage of BVHP residents among their client, but do not have a presence in the Bayview." (Slide 15).
  - ⇨ She explained that this may be so because some services are citywide.
- Joani Marinoff asked why, "HIV prevention funding priorities are perceived to be a barrier to bringing HIV prevention money to (the BVHP)" (Slide 12).

- ⇨ Dara Coan responded that residents said they do not relate to behavioral groups but rather should be targeted as a community.
- Andre Robertson asked if people were comfortable getting services and information in their neighborhood.
  - ⇨ Dara Coan responded that some people said that they were more comfortable going elsewhere to receive information about HIV, but the majority opinion was that they would like to get information in their neighborhood.
- Joani Marinoff asked who funds programs in the BVHP other than the HIV Prevention Section.
  - ⇨ Dara Coan explained that HIV Prevention funds Needle Exchange, ICHO and the Southeast Health Center is funded with City general funds.
  - ⇨ Gwen Smith pointed out that the State of California funds the Prevention for Positives program in the BVHP.
- Dara Coan observed an openness and willingness to talk about prevention activities in the BVHP.
  - ⇨ Gwen Smith agreed noting that there were lots of questions, including when the next focus group meeting would be held in the BVHP.
- Catherine Geanuracos noted that there used to be youth testing through Larkin Street in the BVHP.
- Barbara Adler stated that there has been a very positive response to the SCANs as well as the mobile testing facility in the BVHP.
- Michael Cooley stated that there have been a lot of issues relating to the culturally appropriateness of agencies.
  - ⇨ He suggested collaborating with providers native to the neighborhoods by encouraging them to apply for funding.
- Hank Wilson also asked about discussion of HIV prevention in schools.
  - ⇨ Gwen Smith noted that some young people mentioned that they were learning about HIV in school.
- Andre Robertson asked how many of the PLWA identified as MSM.
  - ⇨ Dara Coan responded that it wasn't asked, and the study did not target MSM but focused on the African-American communities in the neighborhood.
- Erick Brown noted that HIV prevention services are not new to the neighborhood, and said we need to pay attention to why some of the agencies that have provided services haven't survived.
  - ⇨ Dara Coan responded that there is a need for capacity building in the BVHP, adding that there is a need for appropriate programs to reach populations at risk.

<u>The Tenderloin SCAN</u>

Dara Coan presented the information on the Tenderloin (TL).

- ⇨ She noted that both the White and Latino populations are over represented as PLWA in this neighborhood.
- ⇨ Providers in the TL, she noted, do not think of themselves as a unit, or a community.
  - The SCAN found that much of the interaction between agencies is based on who personally knows whom; included for referrals.

- The probable cause, she added, is probably that providers do not know about other agencies' services.
  - ⇨ She pointed out that issue of cultural appropriateness was highlighted in the findings, particularly clients' feelings of being talked down to.
  - ⇨ She also stated that while there seems to be a lot of consciousness about and testing of HIV in this neighborhood, such is not really the case.
- Israel Nieves-Rivera asked about duplication of services in the TL.
  - ⇨ Dara Coan responded that the agencies all provide different services, although often to similar populations.
- Andre Robertson asked about Glide's relationship to other providers in the TL.
  - ⇨ Dara Coan stated that most HIV services at Glide are referrals from other programs at Glide.
  - ⇨ Marcel Miranda added that part of the way Glide works is to refer in-house; but when they don't have a program, they refer to other agencies.
- Gayle Burns stated her concern that according to this study 40% of TL residents, and 60% of BVHP residents, believe there is a cure for AIDS (Slides 20 and 11, respectively).
  - ⇨ Dara Coan noted that the focus groups were conducted around the time when there was a lot of media attention on the recent vaccine announcements.
- Israel Nieves-Rivera asked about outreach in the neighborhood.
  - ⇨ Dara Coan responded that while there is a lot in the TL, but that it isn't coordinated.
  - ⇨ Michael Cooley noted an example of a coordinated schedule for outreach with Glide, adding that there is a need for more collaboration.
  - ⇨ Dara Coan stated that there is the perception in the TL that collaboration means the agency provides fewer services.
- Dara Coan responded to Hank Wilson question regarding the following agencies:
  - ⇨ Ark of Refuge – did not participate,
  - ⇨ Tom Waddell Clinic – did not participate,
  - ⇨ Continuum – not funded for HIV prevention, and
  - ⇨ Project Open Hand – not funded for HIV prevention.
- Hank Wilson observed that providers in the TL do not meet on a regular basis.
- Gayle Burns stated that these neighborhoods need more discussion than can be accommodated by the time allotted on the agenda.
- Erick Brown stated that the Community Liaison Committee has had two meetings in the TL and also noted that neighborhood providers pointed out the need for better coordination of services.

<u>Next Steps - BVHP</u>

- Michael Cooley reminded members of the Community Forum scheduled for the BVHP on 09/30/03 and urged them to attend.
  - ⇨ Rebecca Rodriguez stated that she believes it is hers and all Council members' responsibility as Council members to attend the Community Forum.
- Michael Cooley suggested that the Council should identify agencies that could do testing and counseling, help them write RFPs, and help them obtaining funding.
- Dara Coan suggested collaborating with the CARE Council, as they are working in the BVHP.

- Andre Robertson stated that outreach has been going on, there is presence in the community under very difficult circumstances.
  - ⇨ He noted that outreach workers went, unarmed, into areas contested by warring gangs distributing condoms and providing information, but the funding dried up.
  - ⇨ He pointed out that clients coming to drop in centers usually had finding shelter, food and/or job as their top priority – HIV prevention was low on their priorities.
    - In these situations, the agency makes a lot of referrals.
  - ⇨ He stated that for a program to survive some difficult questions need to be asked.
  - ⇨ He added that people's agendas need to be cleared or gotten out of the way.

Next Steps – TL

- Hank Wilson suggested having a Community Council meeting in the TL as was done in the BVHP.
- Michael Cooley suggested having regular Council meetings in the TL.
  - ⇨ He added that this could help promote a sense of community among service providers.
- Steven Tierney noted that the intention has been to have Council meetings in a number of highly impacted neighborhoods.
  - ⇨ He noted that the Council started with its meeting in the BVHP because there is a common perception the BVHP has been under represented in prevention activities.
  - ⇨ He added that there is also a perception that the TL is over served.
- Hank Wilson suggested adding the Sixth Street corridor into the definition of the TL.
  - ⇨ He also recommended including Ark of Refuge, Continuum, Tom Waddle Center, Springboard, and SF AIDS Foundation to the list of TL providers.
- Israel Nieves-Rivera stated that better referral tracking systems are needed.

Next Steps – General

- Gwen Smith asked which neighborhood(s) the members think should be SCAN'ed next.
- Michael Cooley suggested the Castro and South of Market neighborhoods.
  - ⇨ He added that while there is a lot of HIV in those neighborhoods there is little prevention activities going on there at present.
- Andre Robertson suggested "Polk Gulch" (Van Ness to Hyde and Eddy to California Streets).
  - ⇨ Dara Coan stated that this area is included in the TL.
- Steven Tierney suggested the Richmond and Sunset districts.
  - ⇨ He added that there is no testing done there, which may be why a low prevalence is indicated.
- Hank Wilson suggested the Internet as a neighborhood.
  - ⇨ Activities on the Internet, he added, need to be surveyed, including collecting information on interventions currently being done.
  - ⇨ He pointed out that a lot of people are using the Internet, like a bar or bathhouse, to meet people.
- Frank Strona stated that there are a lot of agencies using the Internet and that it would be a good idea to do a SCAN.
  - ⇨ In particular he believes there is a lot of redundancy of services on the Internet and a SCAN would be helpful to minimize such ineffectiveness.

- Israel Nieves-Rivera stated those neighborhoods without providers present, such as the Mission, should be SCAN'ed.

Gwen Smith asked members to contact one of the Co-Chairs if they have additional comments, questions, or suggestions.

Summary, Evaluation, and Closure of Meeting

Gwen Smith thanked the members for a very productive meeting. She also pointed out that evaluation forms were distributed.

Adjournment

The meeting adjourned at 6:06 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Tracey Packer and Gwen Smith.

Reminder: The next HPPC meeting will be held on Thursday, October 9th, 3:00-6:00 PM, San Francisco City Hall, Room 201.

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HIV Prevention Planning Council
Bayview Community Forum
Tuesday, September 30, 2003
4:00 - 6:00 p.m.
Bayview Opera House
4705 3rd Street (@ Oakdale)
San Francisco, CA 94124

AGENDA

1. Welcome and Announcements — 4:00-4:10 PM
   - Gwen Smith, HPPC Co-Chair
   - Jimmy Loyce, Deputy Director of Health

2. Introduction — 4:10-4:20 PM
   - History - Erick Brown, Co-Chair Community Liaison Committee

3. SCAN Results Presentation — 4:20-4:45 PM
   - The results of the Bayview/Hunter's Point SCAN research will be presented for discussion. (Systems Capacity Assessment by Neighborhood)

4. Questions from Community Members & Guests — 4:45-5:20 PM
   - Facilitated by Rebecca Rodriguez, Co-Chair Community Liaison Committee

5. Next Steps — 5:20-5:50 PM
   - Suggestions for Action Plan (Steven Tierney, Director of HIV Prevention & Gwen Smith)

6. Conclusion — 5:50-6:00 PM

NOTE: All meetings are open to the public and are held in handicapped accessible facilities
Meeting dates and times are subject to change, please verify by calling Betty Chan Lew at 554-9492

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OCT-03-2003 11:32

HIV Prevention Planning Council Meeting
Thursday, October 9, 2003
3:00-6:00 pm

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City Hall, Room 201
San Francisco, CA

Agenda

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	**Welcome, Introductions, Announcements, and Refreshments**	**Israel Nieves-Rivera**
3:15 pm	**Review and Approval of Minutes of September 11, 2003** *VOTE*	**Israel Nieves-Rivera**
3:20 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business	**Israel Nieves-Rivera**
3:30 pm	**Member Response to Public Comment**	**All**
3:35 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. *POSSIBLE VOTE*	**Israel Nieves-Rivera**
3:45 pm	**Report on the SCAN Results Presentation in the Bayview, September 30: Consider Recommendation for 2004 Plan** Objective: To discuss the outcome of the September 30 meeting at the Bayview Opera House and to continue development of the follow up plans To introduce a motion to include priorities from the meeting in the 2004 Plan. *VOTE*	**Erick Brown, Rebecca Rodriguez, Eileen Loughran**
4:00 pm	**Reviewing the 2004 HIV Prevention Plan: Overview of Chapters** Objective: To review the contents for the Plan and discuss plan for reading and approving chapters.	**Tae-Wol Stanley and Thomas Knoble**
4:10 pm	**Epidemiology and Evaluation Chapters** Objective: To review the contents of the Epidemiology and Evaluation Chapters with the HPPC.	**Joani Marinoff and Tae-Wol Stanley**
4:25 pm	**Break**	
4:40 pm	**Small Group Exercise Using the Epidemiology and Evaluation Chapters** Objective: To discuss HIV prevention issues in San Francisco with the assistance of the Epidemiology and Evaluation Chapters.	**Israel Nieves-Rivera/all**
5:00 pm	**Presentations from Small Groups**	**All**
5:20 pm	**Presentation of the Chapters for Discussion and Approval:** 1. **Epidemiology Chapter (vote)** 2. **Evaluation Chapter (vote)**	**Joani Marinoff and Tae-Wol Stanley**
5:50 pm	**Summary of Meeting, Evaluation, Closure**	**Israel Nieves-Rivera**

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HIV PREVENTION PLANNING COUNCIL
Minutes
October 9, 2003

The next HPPC meeting will be held on **Thursday, November 13, 2003**
3:00 - 6:00 p.m.
Location: Walden House, 1885 Mission (@ 15th Street), San Francisco

Members Present:
Ari Bachrach
Barbara Adler
Teresa Betancourt
Erick Brown
Gayle Burns
Edward Byrom
William Cochrane
Aaron Cohen
Michael Discepola
Steve Gibson
Robert Gomez
Joani Marinoff
Marcel Miranda
Israel Nieves-Rivera
Ken Pearce
Rebecca Rodriguez
Andre Robertson
Mike Schement
Tae-Wol Stanley
Steven Tierney
Hank Wilson

Members Absent:
Chata Ashley
Michael Cooley
Janetta Johnson
Thomas Knoble
John Newmeyer
Gail Sanabria
Gwen Smith
Frank Strona

HIV Prevention Section:
Vincent Fuqua
Betty Chan Lew
Eileen Loughran
Tracey Packer
Lisa Reyes

Harder + Co.:
Dara Coan
David Weinman

Guests
Matt Blanchard*
Sean Burns - MAAP
Kay Duncan
Keith Folger* - Stop AIDS Project
Ellen Goldstein - CAPS
Tamika Gonzales* - API Wellness Center
Manny Grueso* - API Wellness Center
Fred XXXX - Shanti
Loris Mattox* - Westside Community Mental Health
Renol Ratchford* - LYRIC
Perry Rhodes, III* - Cal-PEP
Joaquin Sanchez - AHF/Magic Johnson Clinic
Anna Simone - Westside Community Mental Health
Ed Velasco*, Adolescent Health Working Group
Elizabeth Vohese - Shanti
* -- 2004 HPPC members.

Process Evaluation Team:
Pamela Washington

Welcome, Introductions, Announcements, and Refreshments

Israel Nieves-Rivera called the meeting to order at 3:06 PM and welcomed the attendees.

- He noted Gwen Smith's absence and explained she was attending a summit for HIV prevention and care for African-Americans in Oakland.
- He explained that this meeting would deal mostly with the 2004 Plan.
  - He explained that the Plan reviews the state of the epidemic in SF, establishes citywide priorities, and elucidates the HPPC's prevention vision.

He invited people to introduce themselves, say how they envision the community using the Plan, and make any appropriate announcements.

- Joani Marinoff announced that as part of its certificate programs for HIV Prevention Education and Outreach, Case Management, and Group Facilitation SF City College is conducting an evaluation of whether the program meets the need of students and employers.

- ⇨ She passed around a sign-up for a daylong evaluation conference in late January/early February 2004 for potential employers. To participate, absent members should contact Joani Marinoff.
- Steve Gibson announced Magnet's "*Take Back the Butt Month*" events, including on 10/24/03 from 7:00 to 9:00 PM:
  - ⇨ Council member, Frank Strona's presentation on Anal Eroticism, and
  - ⇨ The art exhibition, "*Butt prints*," including several celebrity '*prints*.'
- Gayle Burns announced on behalf of the Membership committee that there are eight new members and one alternate for term starting 2004 (01/01/04 to 12/31/05).
  - ⇨ She introduced the new members present (as noted above).
- Hank Wilson brought attention to the Folsom Street Fair's catalogue which had a glossy color advertisement for Poppers claiming they are, "*Perfectly safe*," and, "*Harmless*."
  - ⇨ At the minimum, he stated, the advertisement should have a disclaimer.
  - ⇨ He asked people to contact Folsom Street fair's board and ask them to review this as a community issue.
  - ⇨ Due to community pressure, he noted, the booths that sold poppers last year didn't this year; and those selling them this year were organizations from out of state.
- Barbara Adler announced that by the end of the month of October AHP would start its pilot Rapid Testing program.
  - ⇨ She provided the phone number 502-TEST, which has information on all pilot sites.
- Steven Tierney announced that the DPH has received funds from the Board of Supervisors and will shortly contract with the Stonewall Project and New Leaf to eliminate the waiting line for Methamphetamine (Speed) treatment.
  - ⇨ He added that funding for other projects would be announced later in the month.
- Steven Tierney distributed copies of Kathleen Roe's letter to the Society for Public Health Education (SOPHE) dated 07/30/03.
  - ⇨ In way of background, he noted that three years ago the Council had some difficult times, including coping with disruptive people at meetings.
    - ≠ He added that due to the hard work of the Council members as well as Tracey Packer and the Planning staff the situation has turned around.
  - ⇨ SOPHE a nationwide organization with tens of thousands of members, he explained, picks one outstanding public health education program to acknowledge.
    - ≠ For 2003 SOPHE has honored the SF HPPC with their Program Excellence Award.
  - ⇨ Israel Nieves-Rivera noted that this is the first time it has been given to a process, rather than an agency or individual.
- Kay Duncan announced the "*Day of the Dead Memorial Service*" in memory of those who have died from drug related causes on 11/02/03 at 2:00 PM, all are welcomed.
- Loris Mattox provided Westside Community Mental Health new address: 489 Clementina St.
- Renol Ratchford announced the "*2003 SF Youth HIV Prevention Symposium*" will be held on 11/07/03 from 9:00-5:00PM at The LGBT Center, all are welcomed to participate.
- Keith Folger announced a Prevention for Positives program 10/09/03 at the LGBT Center entitled, "*Speed/Crystal-Meth Weapon of Mass Destruction*."
- Tracey Packer announced that Kathleen Roe was in a minor car accident, that she is alright, but as a result couldn't attend the meeting.

- Tracey Packer also announced a meeting of the Prevention with Positives Working Group established between the CARE Council and HPPC (10/21/03, 4:00-5:30 PM at 25 Van Ness).
- She also noted the passing of Jorge Ortiz, a former HPPC member, who was a voice for monolingual Spanish speakers and immigrants and who contributed a great deal to both the Council and to SF.
  - ⇨ Israel Nieves-Rivera stated that, like Jorge Ortiz, a lot of people flee their home countries due to racism or homophobia and they are left without local family structure.
  - ⇨ He added that an e-mail will follow asking for contributions to help bury Jorge Ortiz.
- Israel Nieves-Rivera reminded members of National Latino HIV Awareness Day 10/15/03.
  - ⇨ He noted that this is the first such event and will include discussion about numerous issues such as: homophobia, STDs, young Latinas getting pregnant and the need for young men to take responsibility.
- He also announced the National Alliance of State and Territorial AIDS Directors (NASTAD) asked him to be on the Steering Committee of the Community Planning Leadership Summit (CPLS) taking place in June 2004. He also noted that the CPLS conference will be combined with an HIV prevention Conference for the newly CDC directly funded organizations.
  - ⇨ He asked members to e-mail him before the first meeting later in October with their views on things they have noticed at other conferences they have attended.
- Marcel Miranda distributed a flyer announcing the "*St. James Infirmary Whore Art Benefit*" 10/14/03 7:30-10:00 PM.
- He also distributed the document entitled, "*San Francisco Monthly STD Report – Data for August 2003*" (a copy of which is available upon request).
  - ⇨ He reminded attendees that every month numbers fluctuate somewhat; the rates of rectal and urethral Chlamydia among gay men, however, seem to be trending up.
- Marcel Miranda also pointed out that the "Healthy Penis" campaign is in process, and noted that posters have gone up at bus shelters throughout SF and at the Castro Muni station.
- Steven Tierney noted that recent focus groups indicated that little is being heard anymore about condoms, in response HPPC/DPH has launched the "New Condoms" campaign.
  - ⇨ He drew the attendee's attention to the Web Site, "*www.newcondoms.com*" which provides information about condoms and lubricants.

Review and Approval of Minutes of September 11, 2003.
Motion was made and seconded to accept the Minutes for 09/11/03. There was no discussion. There were no objections. Ari Bachrach abstained. Motion to accept the minutes passed.

General Public Comment & Member Response to Public Comment
There was no General Public Comment.

HPPC Co-Chairs/Steering Committee Report
Israel Nieves-Rivera distributed the document entitled, "*HIV Prevention Planning Council Co-Chair's Report October 9, 2003*," a copy of which was sent to the menbers. His supplemental remarks to the report included the following.

- The results of a recently conducted System Capacity Assessment by Neighborhood (SCAN) the Bayview Hunter's Point (BVHP) were presented at a Community Forum in that neighborhood on 09/30/03.
  - ⇨ He thanked the Community Liaison Committee and the Professional Staff for the, "*Amazing*," work they did organizing the forum.
  - ⇨ He also thanked Joani Marinoff who brought her class from SF City College.
- He noted that all of the new members, for the 2004 term, were in attendance at this Council meeting today.
  - ⇨ He thanked the Membership Committee, noting that their work never stops.
- The Prevention with Positives Work Group, he explained, has drafted a definition of '*Prevention with Positives*,' which has been accepted by the Steering Committee.
  - ⇨ Other Committees will review the draft before presenting it to the Council.
- He noted that the process evaluation from the 9/11/03 meeting indicated that the meeting went well, however, only ten forms were turned in.
  - ⇨ He stressed the value of the evaluations in planning meeting agendas, and asked members to review and fill in the form, suggesting they do so throughout the meeting.
  - ⇨ Some members make only general comments but he asked members to be as specific.
- He also pointed out that the Urban Coalition for HIV/AIDS Prevention Services (UCHAPS) will be changing its representatives as well as its Steering Committee members.
  - ⇨ UCHAPS is comprised of representatives from the six directly funded cities.
    - ≠ He noted that those six cities account for more than 1/3 of the epidemic; but that the Federal Government does not have an agenda for AIDS in an urban setting.
  - ⇨ Since the Centers for Disease Control (CDC) announced its new initiative, this organization has become increasingly important.
  - ⇨ The HPPC is considering re-nominating its UCHAPS Steering Committee members.
- The State of California, he explained, is looking at ways of doing resource allocation.
  - ⇨ In past years, every county has gotten a portion of the appropriation including those that have never had a case of AIDS; but now the State is considering requiring counties to match the allocation.
  - ⇨ Steven Tierney noted that the next allocation meeting would be in San Diego 11/4-5/03, with the conference's recommendation to be presented to the State Office of AIDS.
- Israel said that the Steering Committee has reviewed the Parking Lot and proposes a way of managing the Parking Lot.
  - ⇨ The Parking Lot, he explained, is a list of issues members have proposed addressing.
    - ≠ The whole Council votes for the suggestions that are included in the Parking Lot.
    - ≠ The Steering Committee's task is to fit the issues into meeting agendas.
  - ⇨ He highlighted that some items have not had attention because the new Plan has dominated the Council's agendas.
  - ⇨ The Steering Committee proposes addressing the Parking Lot's issues as detailed in the document he distributed entitled, "*Proposed Action on Parking Lot Items*," a copy of which is available to absent members upon request.
- He highlighted some of the planned activities of the SF Leadership Initiative.
  1. Steven Tierney will be convening a meeting of the seven directly funded SF agencies to explore how the CDC's new initiative will affect them.
     - ≠ Approximately $4-6 million comes to SF annually to fund HIV prevention services.

    - ≠ He highlighted that this funding ceases as of 05/31/04 and that CBOs must reapply.
2. The HPPC will issue a letter about the expected impact of the CDC's new initiative in SF.
3. The Council will provide technical assistance to all Community Based Organizations (CBOs) in SF to help them apply for funds under the CDC's new initiative.

Questions and comments followed.

- Marcel Miranda asked if the Parking Lot included Internet-based prevention, and prevention for men over 45.
  - ⇨ Israel Nieves-Rivera noted that the Parking Lot is on the back of each meeting agenda.
  - ⇨ Steven Tierney added that prevention for men over 45 was discussed at a Council meeting in 2002, and a contract was awarded to the Stop AIDS Project who is currently in the process of developing a campaign.
  - ⇨ He added that Internet-based prevention hasn't been on the Parking Lot.
- Hank Wilson stated the Parking Lot issue regarding the "*Post Exposure Prevention*" (PEP) study is about program access which is no longer accessible to low-income people.
  - ⇨ He added that PEP has been a successful intervention, and the proposed change to the Parking Lot doesn't address the issue.
  - ⇨ Israel Nieves-Rivera stated that this item would go back to committee.
  - ⇨ Tae-Wol Stanley stated PEP is free at General Hospital for people without insurance.
    - ≠ Steven Tierney added that it is also available without charge at City Clinics.
- Hank Wilson stated that the Parking Lot item about enforcement of the Poppers' "*Point of Sale*" warnings was to update the wording to include Viagra.
  - ⇨ He added that the Council has been waiting for two years for the DPH to come up with the wording and suggested HPPC write them a letter.
- Israel noted that members could always send comments and concerns to the Co-Chairs.

Report on the SCAN Results Presentation in the Bayview, September 30: Consider Recommendation for 2004 Plan

Erick Brown and Rebecca Rodriquez reported on the BVHP Community Forum.

- Erick Brown stated that the Community Forum was the Council delivering what was promised about a year ago – the results of the SCAN.
  - ⇨ He noted, however, that participants were confronted by a lot of issues and questions.
  - ⇨ He pointed out that the Council would need to go back to BVHP to deliver the follow-up on comments and concerns raised at the Community Forum.
- He thanked the HIV Prevention Section (HPS) staff for their support in this project.
  - ⇨ Eileen Loughran asked Community Liaison Committee members as well as Gwen Smith, Israel Nieves-Rivera, Steven Tierney and Dara Coan be recognized for doing a good job organizing and conducting the meeting.
- Erick Brown expressed his hopes the presentation of results at the Tenderloin (TL) Community Forum (date TBD) is equally successful.
- Rebecca Rodriquez stated that it was a great meeting, particularly since there were so many community members in attendance.
  - ⇨ The meeting was very moving, she added, with a lot of emotion and a lot of integrity.

- ⇨ The meeting was challenging at times, she added, but that it was useful in bringing much needed community feedback to the Council.
- She highlighted that this is part of an on-going process in which: a community identifies its issues, the Council explores those issues, and reports back to the community.
  - ⇨ She added that she hopes the same process will be applied to other communities.

Questions and comments followed.

- Israel Nieves-Rivera stated that the passion at the meeting indicated that people really want to be involved in HIV prevention in this neighborhood.
  - ⇨ He added that people's emotions could easily be misinterpreted but that he believes this was really an expression of a concerned community.
  - ⇨ He suggested using the community's passion to mobilize prevention efforts.
- Vincent Fuqua stated that this was a great opportunity for this community to finally voice their concerns as well as for the Council to take real recommendations from the community.
  - ⇨ He said that being at the meeting was amazing and showed strength of the community.
- Barbara Adler asked about getting notes from this meeting.
  - ⇨ Erick Brown noted that minutes would be published and distributed to members.
  - ⇨ Rebecca Rodriquez added that there will be an evaluation process, which will include questions about making Community Forums better, and getting more members involved.
  - ⇨ Israel Nieves-Rivera indicated that the notes would include the recommendations from the meeting.
- Ken Pearce stated that the Council needs to consider social marketing for BVHP.
  - ⇨ He pointed out how skeptical some community members were about things that Council members take for granted.
    - ≠ In way of example, he cited the community member who said, "Who says Black men are having sex with men?"
    - ≠ He also noted that some such comments came from people in BVHP's health services.
  - ⇨ Rebecca Rodriquez stated that cultural sensitivities are important and the Council needs to look at how it can change prevention messages.
- Dara Coan noted that the focus groups participants from the general community were invited to the meeting and many were there.
  - ⇨ She also agreed with Israel Nieves-Rivera's statement that the emotion at the meeting demonstrates how much the community actually cares about HIV prevention.
- Joani Marinoff stated that her students thought it was valuable experience and were energized about getting involved.
  - ⇨ She noted that she had 39 students in attendance and that of the nine who addressed the meeting, eight were from the neighborhood.
- She stated that there was a lot to learn from the community's response, including how important representation is to the community.
  - ⇨ She also noted that the first criticism of the process came from a well-known community member who admitted that she had missed the part of the presentation that explained how the study was designed.
- Steven Tierney cautioned against concentrating too much on the minority that had difficulty with the presentation.

- ⇨ If one were to listen to the first part of this conversation, he added, one could get a different impression of the Community Forum than the attendees have.
  - ≠ While such meetings can always be better, this was extremely successful.
  - ≠ Community members told him that while there was strong emotion, they thought it was a great meeting.
- ⇨ He added that racism and healthcare inequity is real; that's why the Council was there.
- ⇨ The larger positive side of the meeting, he continued, is that there are action items that can be moved forward on with full cooperation of community members.
  - ≠ The vast majority of the reaction from the community members was very good, including comments about the Council returning with results as it had promised.

- Loris Mattox noted that one of the recommendations is to do HIV prevention at existing services, and that is very important.

Reviewing the 2004 HIV Prevention Plan: Overview of Chapters

Barbara Adler and Tae-Wol Stanley from the Plan Policies and Plan Research Committees, respectively, distributed the document entitled, "*The 2004 Plan: Preparing for the Next Three Months*," a copy of which is available to absent members upon request.

- Barbara Adler reviewed the presentation, some of her additional comments follow.
  - ⇨ The Epidemiology (Epi) and Evaluation chapters listed for October will be voted on at this meeting.
  - ⇨ Word-smithing should be address directly to Dara Coan.
  - ⇨ This version is much easier to read than the previous plan, and that part of the review process is intended to make it even easier to work with.
- Israel Nieves-Rivera highlighted that this Plan is for the next four to five years.
  - ⇨ He also reminded members that this is one of the Council's two major responsibilities.
    - ≠ The other is the annual Letter of Concurrence, which informs the CDC if the HPPC's actions are in line with the CDC's guidance and application for funding.

Epidemiology and Evaluation Chapters

Copies were distributed of the document entitled, "*The 2004 Plan: Epidemiology and Evaluation chapters*," a copy of which is available to absent members upon request. Tae Wol Stanley and Joani Marinoff, both members of the Plan Research Committee, respectively reviewed the Epi and Evaluation chapters. Their additional comments included the following.

- Tae-Wol Stanley noted that the HPPC uses scientific epidemiology data to inform prevention activities.
- He noted that unlike past Plans, the 2004 Plan uses as its "*centerpiece.*" the Community Service Assessment (CSA) chapter – now to be known as the Communty Assessment chapter (CA).
  - ⇨ He also noted that this chapter would be presented for review to the Council at a future meeting.
- He pointed out that cofactors would be discussed in the CA chapter.
- Joani Marinoff stated that many people are somewhat leery of any evaluation process.

- ⇨ The Committee, she noted, discussed this at some length and was reminded that evaluation is "*Empowering,*" when it increases the effectiveness of one's efforts.
- She also noted that the Evaluation chapter ties in with the SF Leadership Initiative.
- The committee, she added, thanks Dara Coan and Harder & Co. for its great work.
  - ⇨ Israel Nieves-Rivera commented that Dara Coan also takes criticism well.

Questions and comments followed.

- Ken Pearce stated that he has difficulty with the prevalence statistics.
  - ⇨ He noted that the statistic takes the prevalence number from a past period, subtracts the AIDS deaths, and adds in evidence of new AIDS diagnoses.
  - ⇨ But the statistic doesn't clearly account for HIV Positive people that migrated to AIDS, and expressed concern that they could be counted twice.
  - ⇨ Dara Coan responded that this methodology is used throughout the SF Department of Public Health (SFDPH) and is done using established modeling criteria.
    - ≠ She added that the statistic is comprised of an estimate of existing infections to which is added an estimate of new infections.
  - ⇨ Tracey Packer noted that with HIV no-name reporting data this statistic would get increasingly more accurate.
  - ⇨ Ken Pearce suggested there be more clarification in the Plan document.
- Israel Nieves-Rivera expressed the hope that the Council can vote on these chapters – with or without amendments – at this meeting.
  - ⇨ If members are terribly uncomfortable, he added, the Council may send either or both back to the Committee.
  - ⇨ He urged the members to participate with their concerns in the conversation, adding that lively discussion is desirable.

Small Group Exercise Using the Epidemiology and Evaluation Chapters

Israel Nieves-Rivera explained that in the Small Group exercise members would test how useable the Plan is for community members and providers.

- Each of the six groups, he explained, were given questions to address using the chapters.
  - ⇨ Some of the questions are similar, but with opposite viewpoints.
  - ⇨ Overall, he added, the exercise is meant to determine if the chapters can be used effectively by the community, even by people with different viewpoints.
- After meeting each of the groups were to make a presentation to the Council.

Presentations from Small Groups

- The six small groups report their findings. Israel asked if members could use these chapters to evaluate risk.

Discussion followed.

- Andre Robertson stated that what was difficult for him is that one could argue both sides; and even though some risks are relatively low people are still getting infected.
  - ⇨ He added if members could argue both sides, so could people with unfriendly agendas.

- Ari Bachrach stated that he found it easy to use, but that it should be easier once the Index is included and when it is graphically laid out.
- Ken Pearce agreed that the Plan would be easier to use with an Index.
  - ⇨ He asked if the Plan would have reference to who users could call with questions.
    - ≠ Tracey Packer responded that there would be reference to where users could get information.
- Tracey Packer also stated members' comments are very useful to her and Dara Coan who are working with the designers.
  - ⇨ She noted that the HPS is planning to make the Plan available on searchable CD-ROM.
- Mike Schement noted since each of the small groups were able to make their case the chapters seem to work.
- Renol Ratchford then asked how a provider would get access to the raw, or study, data.
  - ⇨ Dara Coan stated that the studies could be obtained from the SFDPH Epidemiology Section.
  - ⇨ Others added that the footnotes and bibliography would also direct the reader to more in-depth data, and that there will be some cross-referencing.

Presentation of the Chapters for Discussion and Approval:

Israel-Nieves-Rivera invited members to discuss the chapters presented.

- Israel Nieves-Rivera noted that the Evaluation chapter points out that HPPC has prioritizing an evaluation plan for all interventions.
  - ⇨ Dara added that in 2004 the Council will have an Evaluation Committee to concentrate on this issue.
  - ⇨ Steven Tierney noted that the Evaluation chapter discusses the processes, including determining how many of a group are being served.
  - ⇨ Israel Nieves-Rivera added that one of the things noticed by the drafting committees is that there are a lot of gaps in the data available.
    - ≠ The exercise was partly intended to highlight the information that will be needed in the future for the evaluation processes.
- Matt Blanchard noted that that the Evaluation chapter should directly state that the evaluation is "*Continuos, current, and on-going.*"
  - ⇨ He added that the process is referred to as "*Circular*" which incorrectly implies that it is always in retrospect.

Israel Nieves-Rivera reread the first motion:

"Plan Research Committee moves that the Epidemiology chapter be approved for inclusion in the 2004 San Francisco HIV Prevention Plan."

The motion was seconded. Israel Nieves Rivera asked for further discussion and noted that there was none. A roll-call vote was taken, and the following recorded:

Member	Yes	No	Ab
Barbara Adler	✓		
Ari Bachrach	✓		
Teresa Betancourt	✓		

Member	Yes	No	Ab
Robert Gomez	✓		
Joani Marinoff	✓		
Marcel Miranda	✓		

Member	Yes	No	Ab
Erick Brown	✓		
Gayle Burns	✓		
Edward Byrom	✓		
William Cochrane	✓		
Aaron Cohen	✓		
Michael Discepola	✓		
Steve Gibson	✓		

Member	Yes	No	Ab
Israel Nieves-Rivera	✓		
Ken Pearce	✓		
Andre Robertson	✓		
Mike Schement	✓		
Tae-Wol Stanley	✓		
Steven Tierney	✓		
Total	19	0	0

The motion passed.

Israel Nieves-Rivera reread the second motion:

"Plan Research Committee moves that the Evaluation chapter be approved for inclusion in the 2004 San Francisco HIV Prevention Plan."

The motion was seconded. Israel Nieves-River asked for further discussion.

- Matt Blanchard asked about the changes offered.
  - ⇨ Dara Coan noted that two offered changes were:
    1. Change "*Needs Assessment*" to "*Community Assessment Including Needs and Assets,*" and
    2. Change the wording regarding the "*Circular evaluation model*" to include that evaluation is "*Continuous, current, and ongoing.*"
  - ⇨ Israel Nieves Rivera stated that these changes are about wording, don't materially change the chapter, and are referred to the Committee for review for incorporation.
- The question was raised if members would have another opportunity to review these chapters as part of the complete Plan.
  - ⇨ It was noted that they would and that members could change the chapters when the whole Plan is presented.

The question was called. Israel Nieves-Rivera noted that there no more discussion. A roll-call vote was taken, and the following recorded:

Member	Yes	No	Ab
Barbara Adler	✓		
Ari Bachrach	✓		
Teresa Betancourt	✓		
Erick Brown	✓		
Gayle Burns	✓		
Edward Byrom	✓		
William Cochrane	✓		
Aaron Cohen	✓		
Michael Discepola	✓		
Steve Gibson	✓		

Member	Yes	No	Ab
Robert Gomez	✓		
Joani Marinoff	✓		
Marcel Miranda	✓		
Israel Nieves-Rivera	✓		
Ken Pearce	✓		
Andre Robertson	✓		
Mike Schement	✓		
Tae-Wol Stanley	✓		
Steven Tierney	✓		
Total	19	0	0

The motion passed.

Summary of Meeting, Evaluation, Closure

Israel reminded the members to complete their evaluation forms.

HIV PREVENTION PLANNING COUNCIL
Minutes
October 9, 2003

Adjournment
The meeting was adjourned at 5:56 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Tracey Packer and Israel Nieves-Rivera.

REMINDER: THE NEXT HPPC MEETING WILL BE HELD ON THURSDAY, NOVEMBER 13, 3:00 - 6:00PM, AT WALDEN HOUSE, 1885 MISSION ST (@ 15TH STREET.)

HIV Prevention Planning Council Meeting
Thursday, November 13, 2003
3:00-6:00 pm

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Garage parking on Hoff Street right off 16th Street near Mission (two blocks away)

11-06-03A08:37 RCVD

Agenda

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	**Welcome, Introductions, Announcements, and Refreshments**	**Steven Tierney**
3:15 pm	**Review and Approval of Minutes of October 9, 2003** *VOTE*	**Steven Tierney**
3:20 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**Steven Tierney**
3:30 pm	**Member Response to Public Comment**	**All**
3:35 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. A call for nominations will be made for the Community Co-Chair for January 2004 to December 2005. (*POSSIBLE VOTE*)	**Steven Tierney**
3:50 pm	**Priority Setting Chapter: Introduction and Review of Chapter** • **Review Final Steps in the Model** *(VOTE)* • **Review Contents of Chapter** Objectives: To review and approve the final three steps in the priority setting model. To provide an overview of the contents of the Priority Setting Chapter. To prepare HPPC members to use the chapter.	**David Hook and Steven Gibson**
4:30 pm	**Using the Priority Setting Chapter: Pairs Activity**	**All**
4:45 pm	**Break**	
5:00 pm	**Priority Setting Chapter: Discussion and Approval** *(VOTE)* Objective: To discuss the outcomes of the activity and to approve the chapter for the 2004 HIV Prevention Plan.	**Steven Tierney**
5:30 pm	**San Francisco Leadership Initiative: Discussion and Plans** Objective: To understand and plan for the SFLI.	**Steven Tierney**
5:50 pm	**Summary, Evaluation, and Closure of Meeting**	**Steven Tierney**
6:00 pm	**Adjournment**	**Steven Tierney**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:
Plan Policies: Wednesday, November 19, 2:30 – 5:30 PM, 25 Van Ness Avenue
Community Liaison: Thursday, November 20, 2:00 - 3:30 PM, 25 Van Ness Avenue
Plan Research: Thursday, November 20, 4:30 – 6:00 PM, 25 Van Ness Avenue
Steering: Tuesday, November 25, 3:00 – 5:00 PM, 25 Van Ness Avenue
Membership: Monday, December 8, 3:00 – 4:30 PM, 25 Van Ness Avenue

Full Council: Thursday, December 11, 3:00 – 6:00 PM, Location TBD

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- San Francisco

HIV PREVENTION PLANNING COUNCIL

Minutes

November 13, 2003

The next HPPC meeting will be held on **Thursday, December 11, 2003**
3:00 - 6:00 p.m.
City Hall, Room 201, San Francisco

Members Present:
Barbara Adler
Ari Bachrach
Matt Blanchard
Gayle Burns
Edward Byrom
William Cochrane
Michael Cooley
Steve Gibson
Tamika Gonzales
Manny Grueso
Janetta Johnson
Thomas Knoble
Joani Marinoff
Lorris Mattox
John Newmeyer
Israel Nieves-Rivera
Ken Pearce
Renol Ratchford
Perry Rhodes III
Andre Robertson
Gail Sanabria
Mike Schement
Gwen Smith
Tae-Wol Stanley
Frank Strona
Steven Tierney
Edward Velasco
Hank Wilson

Members Absent:
Chata Ashley
Teresa Betancourt
Erick Brown
Aaron Cohen
Michael Discepola
Keith Folger
Robert Gomez
Marcel Miranda
Rebecca Rodriguez

HIV Prevention Section:
Elizabeth Davis
Vincent Fuqua
Betty Chan Lew
Eileen Loughran
Tracey Packer
Lisa Reyes

Harder + Co.:
Dara Coan
David Weinman
Allison Weston

Guests
Dave Hook, Community Member
Kendall Griffith

Process Evaluation Team:
Kathleen Roe
Pamela Washington

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/03

Welcome, Introductions, Announcements, and Refreshments

Steven Tierney called the meeting to order at 3:11 PM. He explained that the three Co-chairs share responsibilities, including facilitating the Council meetings. He invited attendees to introduce themselves, and make any appropriate announcements. Tamika Gonzales announced that 11/20/03 will be a Transgender Remembrance Day, including a memorial service for those that have been victims of hate crime violence.

- Loris Mattox announced that Westside Community Mental Health has completed its move to Clementina Street. Details will be sent out separately, by e-mail.
- Michael Cooley announced that Bay Positives has a part-time opening commencing in January '04 for someone to work with young positives.
- Steven Tierney announced the Society for Public Health Education (SOPHE) banquet would be held on Saturday evening 11/15/03. At that event, the HPPC will be awarded the 2003 Program Excellence Award (as discussed in the minutes of the 10/09/03 meeting).

Minutes
Motion to accept the minutes from the 10/09/03 was made and seconded. There was no discussion, or objections. The motion passed.

General Public Comment
There was no Public Comment.

Member Response to Public Comment
There was no response to Public Comment.

HPPC Co-Chairs/Steering Committee Report
Steven Tierney distributed the document entitled, "*HIV Prevention Planning Council Co-Chairs' Report November 13, 2003*" a copy of which is available upon request. He drew members' attention to the following.

- The updates from committees.
- That will be an election for Community Co-chair in December.
  - ⇨ Israel Nieves-Rivera completed the Co-Chair term started by another member.
  - ⇨ Nominations must be in writing to Betty Chan Lew in the AIDS Office.
    - Betty Chan Lew highlighted that nominations are due to her by 12/5/03 @ 5:00 PM, and that one could nominate him/herself.
    - She pointed out that details of the position can be found on the reverse of the meeting agenda (distributed by e-mail), including where to submit nominations.
    - Steven Tierney noted that Israel Nieves-Rivera would like to be nominated for another term and that all nominations would be welcomed.
- The San Francisco Leadership Initiative (SFLI) is on the agenda for later this meeting.

Comments and Questions followed.

- Michael Cooley noted that the Community Liaison Committee is looking for a venue for a Tenderloin SCAN Forum, tentatively scheduled for 12/3/03. [Update: The forum is scheduled for Wednesday, December 10 at 3:30 at Continuum, 255 Golden Gate Avenue.]

Priority Setting Chapter: Introduction and Review of Chapter
Steven Tierney explained that the Council periodically writes and updates the SF community HIV prevention plan. The priority setting section, he added, is among the Council's most important work. He offered the following in way of introduction to the 2004 Plan.

- ⇨ The SF HPPC has chosen to rewrite its Plan every three years.

- ⇨ The 2004 Plan will layout the HPPC's vision for HIV prevention for the City and County of San Francisco for the fo!lowing three years.
- ⇨ The Plan is required by the CDC.
- ⇨ In addition to being printed, the 2004 Plan will be published electronically enabling users to search through it on computer.
  - Electronic publication may also allow the Council to update the Plan more easily.
- ⇨ Community organizations, represented by the Council's membership and guests, provide essential input; including what prevention services are needed, and by who.
- ⇨ The Priority Setting chapter is so important because it establishes a method for prioritizing populations on which prevention will be focused.

Steven Tierney then introduced Dave Hooks and Steve Gibson of the Plan Policies Committee who facilitated the presentation entitled, "*2004 HIV Prevention Plan / Plan Priority-Setting Chapter*," a copy of which is available upon request. The document entitled, "*Priority Setting Chapter / Chapter Overview*" was also distributed, a copy of which is available upon request. The following provides some highlights in addition to the information presented on the slides.

- Dave Hooks and Steve Gibson pointed out that the Council has already voted approval of the eight BRPs and the Prioritized Subpopulations and Cofactors (Exhibit 2, pages 8-9).
- Steve Gibson pointed out that the HPPC would be updated on the epidemic twice a year so that it can make any corrections necessary in Resource Allocation (Step 3, page 17).
- He noted that the HPPC does not allocate funds to service providers, but rather provides guidance to the DPH regarding how much of the funding should go to each BRP or groups of BRPs ('*Tiers*').
- Steve Gibson pointed out that the "*Exhibit 3: Considerations for Proposal Selection and Resource Allocation*" (pages 10-11) had been sent to members.
  - ⇨ He added that the draft under review highlights (by way of '*Redlining'*) the changes made to the previous drafts.

[**Please Note**: Subsection titles odded for clority ond do not reflect specified ogendo subtopics. Some comments hove been sequenced to reflect subject rother thon the order of the proceedings. – *Note-taker*]

General Questions and Comments

- Ken Pearce noted that Tiers 3 and 4 are exclusive of the other Tiers, but that Tiers 2 has a lot of crossover to Tiers 1 and 4.
  - ⇨ Steve Gibson explained that programs could apply for funding in more than one Tier.
- Janetta Johnson asked if a provider applies for funds for a specific BRP, such as TSM, can they use any excess funding for a different BRP.
  - ⇨ Steve Gibson responded that the model is intended to enable organizations to reach multiple BRPs, the services should be provided in accord with the funding application.
    - He noted that some groups can only be reached by addressing other populations; for instance programs reach the clients by working with the Transgender sex workers themselves.
- Perry Rhodes asked if Tier 4 (MSF) includes "*Down low*" men (non-gay identified MSM).
  - ⇨ Steve Gibson responded that programs should be targeted in whatever way is effective and appropriate; and that programs for "*Down low*" MSM would be funded from Tier 1.

- Gayle Burns expressed difficulty separating the Tiers, and explained that she finds that many of her clients from Tier 1 (MSM and Transgender) are also IDU.
- Israel Nieves-Rivera highlighted that BRPs are based on behavior not on identity.
  - ⇨ "*Down low*" guys, he noted, might identify as heterosexual, but their behavior is BRP 1.
  - ⇨ He added that information should be entered into the ELI system when providers recognize clients engaging in behaviors in multiple BRPs.
    - The ELI system is intended to provide the kind of data that enables the HPPC and providers to adjust their funding applications for the next year.
- Tracey Packer suggested members keep in mind that while many of them are providers, for the purposes of reviewing the priority setting model they might look at things as Planners for the whole city.
  - ⇨ She reminded members that the City allocates resources based on the risks; that the proposed Tiers relate to the level of risk for the eight behavioral risk populations.
    - * Highest Risk – Tier 1 – BRP 1 & 2 (MSM & TSM – Tier 1);
    - * Moderate Risk – Tier 2 – BRP 2, 3, 4, 5 & 6 (all of the IDUs);
    - * Low Risk – Tier 3 – BPR 7 (FSM, FSM/F & FSF, but not IDU) and
    - * Very Low Risk – Tier 4 –BRP 8 (MSF, but not IDU)
  - ⇨ At the 12/11/03 meeting, she added, the Council will review the chapters dealing with how best to reach people at risk.
- Steven Tierney noted that people are categorized primarily by self-identification, although they may also be involved in other high-risk behaviors.
  - ⇨ He added that MSM who are also IDU tend to seek services from providers focused on MSM.
    - In such cases programs should apply for funding from both Tiers, but often notice Tier 1's funding priority and only apply there.
- Kendall Griffith (guest) noted that the Tiers seem to require people to "*Out*" themselves to get services, particularly describing themselves as a Transgender – rather than as men or women.
  - ⇨ Steve Gibson responded that funding is based on behavior, and that services are provided to all identifications.
  - ⇨ Kendall Griffith then asked if providers are expected to identify who they are giving services to, adding such seems contrary to providing health services – which should be without regard to what clients do in the bedroom.
  - ⇨ Steven Tierney cited the chapter's introduction (page 2) which states the purpose of HIV prevention is to, "promote health and wellness among individuals and communities."
    - This is clear instruction that services must incorporate a total health approach; which is of particular importance to people who can't, or aren't ready to, "*Come out.*"
    - He added that the chapter requires services be available to all people, without regard to their orientation.
- Ari Bachrach asked about the differences in priority between MTF and FTM in Tier 1.
  - ⇨ Tracey Packer explained that although all Transgenders are in Tier 1 the incidence among subgroups differs greatly, adding that data shows the MTF group is at high risk and therefore is a prioritized subpopulation but that the FTM group's risk is low and it is not designated as a priority.

- Ari Bachrach expressed difficulty with the two groups being placed in the same BRP, as their behavior is significantly different.
  - ⇨ Tracey Packer explained that the BRP is really sexual behavior between men and TSM, although it has been referred to just "*TG*" as such as a kind of shorthand.
  - ⇨ Steven Tierney expressed support for the concerns but also stated that the discussion was not germane to the agenda item, as the BRPs were agreed upon at an earlier Council meeting.
    - He added that members could choose to revisit this, or any, topic as an agenda in a later Council meeting.

Proposal Selection and Resource Allocation Table

The Chair pointed out that it is important that this chapter can be easily understood by HPPC members because if members don't understand, neither will the 60+ organizations who will eventually contract to provide prevention services.

- Israel Nieves-Rivera referred to the considerations for proposals and asked how the implementation of the model would be measured.
    - He asked if all applications submitted are expected to meet all nine criteria listed, or if the table is meant as principles for reviewing applications.
  - ⇨ Steve Gibson responded this is guidance for the DPH.
- Israel Nieves-Rivera stated that the table could be a, "*nightmare*" in the hands of someone wanting to obstruct the contracting process.
    - He suggested adding clarifying caveats to ensure it isn't misused in such a way.
- The following changes were proposed and will be raised as amendments to the motion.
  - ⇨ Dara Coan suggested changing the name to "*Guiding Principles for Proposal Selection and Resource Allocation*."
  - ⇨ Israel Nieves-Rivera also suggested changing the format from a numbered table to bullet points to make it easier to read and less intimidating.
  - ⇨ Michael Cooley suggested adding an explanatory paragraph stating that providers don't have to meet all of the criteria.

Prevention With Positives

  - ⇨ Steve Gibson explained that although the CDC's new initiative requires that positives are the highest priority, the Plan states that positives are priority.
- Janetta Johnson asked how providers are to connect PWP as required by the CDC and prevention services for negatives.
  - ⇨ Steve Gibson noted that the CDC's requirement is based on nation-wide data that is not particularly applicable to SF, adding that the Plan is intended to enable providers to offer services in response to local needs.
  - ⇨ The object of his discussion, he explained, is to ensure that the Plan adequately addresses PWP while dealing specifically with SF's situation.
- Andre Robertson asked if the CDC could decline funds to SF because the Plan doesn't specifically state that PWP is the highest priority.
  - ⇨ Steven Tierney explained that the procedure is for the CDC to review the Plan and if there is objection to forward it to the Secretary of Health & Human Services (HHS).

- ⇨ He added that the CDC and/or the HHS may send the Plan back to SF requiring the Council to specifically state that PWP is the Plan's highest priority.
  - He nonetheless asserted that the Plan is particularly well crafted regarding PWP.
- Frank Strona expressed his support for the Plan's approach of three categories of people at risk: Positive, Negative, and those of unknown status.
  - ⇨ He added that there will be a new definition in the Plan for PWP coming from the joint Working Group of the Care and Prevention Councils.
- Israel Nieves-Rivera expressed support for the Plan regarding PWP, and noted the CDC's is a "*Guidance.*"

The Plan Policies Committee made the following motion:

"The *HPPC approve Step 3 of the priority setting model:*
-- *The HPPC shall identify populations at high risk or with increasing incidence using behavioral and other data from researchers, providers, and community members.*"

The Co-chair noted that motions made by Committee do not require a second. There was no further discussion. The vote to approve the motion was by show of hands.

Yea:	15
Nay:	0
Abstain:	0

The motion passed unanimously.

The Plan Policies Committee made the following motion:

"That t*he HPPC approve Step 4 of the priority setting model, the resource allocation guidelines, as follows:*

- *Tier 1: MSM, TSM*	*73-81% of funds*
- *Tier 2: IDUs*	*18-22% of funds*
- *Tier 3: FSM*	*1-5% of funds*
- *Tier 4: MSF*	*<1% of funds"*

The Chair again noted that motions made by Committee do not require a second. Discussion followed.

- Tae-Wol Stanley asked for note that Tier 3 covers FSM that are non-IDU.
  - ⇨ Tracey Packer explained that this was an abbreviation for BRP 7 (FSM non-IDU).

The Chair noted that the motion has been amended by the inclusion of the Tiers BRP composition:

" *The HPPC approve Step 4 of the priority setting model, the resource allocation guideline, as follows:*

- *Tier 1: MSM, TSM*	BRP 1 & 2	*73-81% of funds*
- *Tier 2: IDUs*	BRP 3, 4, 5 & 6	*18-22% of funds*
- *Tier 3: FSM*	BRP 7	*1-5% of funds*
- *Tier 4: MSF*	BRP 8	*<1% of funds"*

- Ari Bachrach asked if male partners of Transgender were in BRP 2.
  - ⇨ Dara Coan responded that an application for funding to reach this group would apply to Tier 1 or Tier 4; however she noted that there is insufficient research on group to meet the criteria as a prioritized subpopulation.

- Hank Wilson stated that a case could be made for this group to be covered in Tier 4.
- Dara responded that a provider could apply for funding under either Tier.
- Hank said that this was the "*Spirit*" he had hoped to find in the Plan.
- Dave Hook added that programs could be developed reaching partners through targeting the target population.

- Joani Marinoff expressed a similar concern for female partners of male IDUs, who are not IDUs themselves and noted that funding could be applied from Tier 2 to reach IDUs and partners my be reached through targeting IDUs.

The vote to approve the motion was by show of hands.

Yea:	15	*
Nay:	0	
Abstain:	0	

The motion passed unanimously.

The Plan Policies Committee made the following motion:

"That *the HPPC approve Step 5 of the priority setting model, the considerations for proposal selection and resource allocation (See Exhibit 3: pages 10-11.)*

The Chair noted that motions made by Committee do not require a second.

- Michael Cooley offered an amendment to add an instructive paragraph to the AIDS Office and contract review staff on how to use these as guidelines and not as requirements. The amendment was seconded.

There was no further discussion on the amendment. The vote to accept the amendment way by show of hands.

Yea:	15	*
Nay:	0	
Abstain:	0	

The amendment passed unanimously.

- Israel Nieves-Rivera offered an amendment to change the title to, "*Guiding Principles for Proposal Selection and Resource Allocation.*" The amendment was seconded.

The Committee accepted the amendment as friendly. The Chair stated that a vote was therefore unnecessary and the change was deemed an instruction to the Committee.

- Israel Nieves-Rivera offered an amendment that the HPPC receive an update six months into the process reporting if the Guiding Principles have been helpful, and if the implementation works.

The Chair recommended this be a separate motion in the form of an instruction to the AIDS Office. The motion was withdrawn.

- Motion was made that the Guiding Principles be bulleted rather than numbered so as not to imply priority.

The Committee accepted the motion as friendly.

- Hank Wilson expressed concern that the model might not be able to adapt to epidemiological changes.

- ⇨ Dara Coan responded pointing out that Step 3 (above) directly addresses ongoing collection of data.

There was no further discussion on the motion as amended. The vote to approve the motion was by show of hands.

Yea:	19	*
Nay:	0	
Abstain:	0	

The motion passed unanimously.

Motion was made and seconded that:

"The AIDS Office report back to HPPC six months into the contracting process regarding the benefits and challenges presented by the Guiding Principles of the Plan; including feedback from Community Based Organizations."

There was no further discussion. Vote by show of hands.

Yea:	19	*
Nay:	0	
Abstain:	0	

The motion passed unanimously.

<u>Using the Priority Setting Chapter: Pairs Activity</u>

Dave Hook explained that the Pairs Activity was intended to provide members with experience using the Chapter before voting on the chapter as a whole. However, due to the tightness of the agenda's timing, the Committee asked the members if they want to spend time in a pairs exercise.

- Tae-Wol Stanley suggested running through the chapter's processes with the whole Council.
- Frank Strona suggested going directly to a vote on the chapter.

There was general agreement to the whole Council running through an example together.

- Steve Gibson provided the example of working with the Youth population.
  - ⇨ Youth, specifically are not listed as a BRP, but are included as a priority subpopulation in BRPs 1, 2, 3 & 6.
    - He pointed out that the Committee redefined Youth as those under the age of 29, rather than 25 and under, because data showed that people 26, 27 & 28 years old were at higher risk.
  - ⇨ Not all youth engaged in risky behavior are at equal risk and that the focus should be on youth with the highest infection rate (BRP 1 - MSM).
  - ⇨ Reaching youth with sexual identity questions is covered in the Community Assessment chapter.

<u>Discussion and Questions</u>

- Janetta Johnson suggested the wording in some parts of the subpopulation grid be changed from "*Data does not support prioritizing any particular subpopulation*" (BRPs 2, 5 & 6).
  - ⇨ Joani Marinoff added the suggestion of using wording this so that it doesn't read as if research has been done and did not find this group at risk.
    - Only trained epidemiologists, she added, would understand the statement to mean there hasn't been sufficient research to determine if the group is at high risk.
  - ⇨ Steve Gibson noted that this is explained in other parts of the Plan.

- ➪ Israel Nieves-Rivera stated that how subpopulations are prioritized in the Plan is clear when a reader looks at the whole.
- ➪ Joani Marinoff suggested changing the wording to, "*There isn't current research available to determine if there are subpopulations (at high risk).*"

- Andre Robertson stated that his experience indicates that cofactors including homelessness, incarceration, and substance abuse were prevalent in all BRPs.
  - ➪ Dave Hook stated that the Council had previously reviewed the list of available research on all of the potential subpopulations – as reflected in this chapter.
  - ➪ Steve Gibson added that that the Plan's priority setting model opens the process up, allowing the use of other data to make a case in support of prioritizing a subpopulation.
  - ➪ Dara Coan noted that at the 12/11/03 Council meeting members will review the Community Assessment chapter which highlights significant non-prioritized factors.
  - ➪ Andre Robertson expressed his concern that if a subpopulation isn't prioritized it will not receive sufficient funding.
  - ➪ Joani Marinoff stated that the Plan makes provision for reaching non-prioritized groups.
- Ari Bachrach pointed out that the Guiding Principles table (Exhibit 3, point 9) says that, "*Difficult-to-reach populations may require a higher level of resources per person reached.*"
- Ari Bachrach also asked how the Plan addresses reaching youth who do not yet participate in a high risk behavior.
  - ➪ Steve Gibson said that the way to reach such youth is though the BRP's social network.
  - ➪ Ari Bachrach noted that research indicates that young people who are queer identified are at less risk of infection from MSM behavior than non-queer identified youth.
- Thomas Knoble stated that the idea behind BRPs is to move away from a traditional medical model, and to approach HIV similarly to the way providers approach clients.
  - ➪ He added that members should be mindful that groups could be added into the model.
- Joani Marinoff suggested this wording, "*The current research isn't available to support what we as practitioners may know to be true from our experience in the community" for the grid.*
  - ➪ She pointed out that in Exhibit 5 Prioritized Cofactors reads, "*None identified. A review of the literature and other available data did not provide sufficient evidence that any subpopulation met the scientific criteria described in Step 2 of the priority-setting model.*"
  - ➪ Steve Gibson suggested making an amendment to the motion.
- In response to a question from Loris Mattox, Steve Gibson said that providers might determine that applying for funds in Tier 2 is the best way to fund programs for youth at risk of becoming IDU; including using current IDUs to do outreach.
- Tae-Wol Stanley stated that the model can be looked at from two distinct viewpoints:
  - First is clinical which examines behaviors that lead to infection,; and
  - Second is a psychosocial/human perspective recognizing that clients are people.
  - ➪ He added that while providers deal with clients as people, they have to apply for funding based on clinical behavior.

The Plan Policies Committee made the following motion:

"The <u>Priority-Setting Chapter</u> be approved for inclusion in the 2004 San Francisco HIV Prevention Plan."

The Chair noted that motions made by a Committee do not require a second. Discussion followed.

- Janetta Johnson offered an amendment to the motion:
  "*Reword* "Exhibit 2: Funding Priorities for HIV Prevention in San Francisco" *removing* "Data did not support prioritizing any particular subpopulation" *replacing it with.* "Current research available may not support what we know as providers to be true from our experience in terms of cofactors or populations."

The motion was seconded.

- ⇨ Steven Tierney expressed his concern that the Plan is being adopted by the SF HPPC which is comprised of community member participants as well as scientists; however, the Plan is not a statement only from providers.
- ⇨ Tae-Wol expressed difficulty with the word, "*True.*"
- ⇨ Andre Robertson wording such as, "*Data is not available to support inclusion of this subpopulation.*"
  - He added that he is comfortable instructing the Committee to redraft the wording.
- ⇨ Michael Cooley said the wording should express that there is insufficient data to include subpopulations.
  - He also expressed difficulty with the proposed statement about the Council's belief.
- ⇨ Matt Blanchard said that the present wording implies that there is data conflicting with the idea of including subpopulations.

The motion to amend was withdrawn and Janetta Johnson and Joani Marinoff offered to work with the Plan Policies Committee on word-smithing this issue.

- Steven Tierney reminded the members that the whole Plan will be submitted for review at the Council's 12/11/03 meeting; at which time any and all of it would be open for amendment.
  - ⇨ He reiterated the importance of members, and later providers, understanding the Plan.
  - ⇨ He added that it is always appropriate to ask clarifying questions to ensure the people members care about are taken care of.
  - ⇨ He also summarized that the Committee will reword the tables when referring to insufficient data to include subpopulations as well as instructing the Council to prioritize research into these groups.

The Chair asked for any additional clarifying questions or amendments on the Committee's motion.

- Joani Marinoff asked about the criteria listed in "*Appendix 2,*" stating that subsection 5 should include the restrictions placed on acceptable evidence.
  - ⇨ Steve Gibson reminded the members that restrictions are fully described in the priority setting model.
- In response to Edward Byrom's question, the Chair explained that the proposal is to accept the whole chapter as presented and amended at this meeting.

There was no further discussion. The vote was by show of hands.

Yea:	20	*
Nay:	0	
Abstain:	0	

The motion passed unanimously. The Council expressed its appreciation to the Committee for its good work.

HIV PREVENTION PLANNING COUNCIL
Minutes
November 13, 2003

Procedural Questions

- Dave Hook stated that at the 12/11/03 meeting members would vote on the Community Assessment and Strategies & Interventions chapters as well as the Plan Introduction.
- He also forwarded the Committee's proposal that the Council be divided into smaller groups with each group having sections of a chapter(s) as a primary focus and the remaining chapters as a secondary focus.
  - ⇨ Steve Gibson added that by dividing the Council into smaller groups each member wouldn't have to read the entire Plan; although members are welcomed to so.
- In response to Mathew Blanchard's question, Steven Tierney explained that the proposal assumes members trust the drafting Committees and their colleagues; nonetheless due to the importance of the document some members may wish to read it all.
- Barbara Adler encouraged all members to read the whole Plan, although she expressed understanding that some may not be able to allocate the time to do so.
- Responding to a question, Dara Coan explained that the proposed chapters are not based on chapters from the 2001 Plan, and so creating a comparison document would not be feasible.
- Michael Cooley asked if members would be provided with the previously approved chapters incorporating the changes made.
  - ⇨ Steven Tierney stated that the whole document would be available electronically, and full copies would be provided to members upon request.

San Francisco Leadership Initiative: Discussion and Plans

Steven Tierney exercised the Chair's prerogative and postponed the full report on this item to the 12/11/03 meeting. However, he provided some background on the SFLI, including the following.

- Earlier this year the CDC issued its, "*Advancing HIV Prevention*" initiative.
  - ⇨ This is the CDC's new direction which is based on:
    - Strategic planning,
    - Input from community planning groups across the country, and
    - Experts in the fields of Health Promotion and HIV Prevention.
  - ⇨ The plan is comprised of four priorities:
    1. To make voluntary HIV testing a routine part of medical care,
    2. To implement new models for diagnosing HIV outside of the medical setting,
    3. To prevent new cases of HIV by working with people diagnosed with HIV and their partners, and
    4. Further reduce perinatal HIV transmission.
  - ⇨ In other words, the plan is:
    1. Counseling and testing,
    2. Rapid Testing,
    3. Partner services which connect to HIV testing, and case management
    4. Mother-to-child transmission reduction.
- The CDC's plan is a significant departure from what has come before.
  - ⇨ It does not emphasize Health Education and Risk Reduction;
  - ⇨ It does not emphasize Social Marketing campaigns; and
  - ⇨ It does not prioritize community and structural level interventions.

- The CDC has committed to its supports of HIV Prevention Community Planning and intends to continue funding it; however, they have determined that the number one resource allocation priority in all jurisdictions be people who are HIV Positive.
  - ⇨ Three months ago the SF HPPC asserted their leadership role by reviewing the elements of the CDC's "*Advancing HIV Prevention" and building on the plan.*
- The SF HPPC decided that it wanted to respond to the CDC's initiative by adding some elements which better serve San Francisco.
- To date the enhancements include this addition to the basic ABCs –

	The CDC's Version	The SF Version
A is for	Abstinence	Adults and Youth who are Sexually Active and require services
B is for	Being Faithful	Behavioral Interventions based on sound evaluations and scientific
C is for	Condoms	Cofactors such as poverty, homelessness, youth, etc.

  - The SF enhanced ABC's reflect our analysis of:
    - Who is at Risk,
    - What are the behaviors that put them at risk, and
    - What are the behaviors that deny people access to health care.
  - SFLI believes that any message that sounds like don't *have sex,*" and *"Don't use drugs.*" will only reach a portion of our communities.

  - ⇨ The CDC has rolled out their new initiative first to directly funded CBO's.
    - In SF those organizations are: AGUILAS, Iris Center, Black Coalition on AIDS, Health Initiatives for Youth, Stop AIDS, Asian & Pacific Islander Wellness Center, and the Ark of Refuge.
    - Those agencies have been receiving a total of about $4.5 million per year, and (except for a small testing program at Asian & Pacific Islander Wellness Center) these agencies currently deliver a range of services more traditionally thought of as HE/RR and community level interventions. None of them deliver the 4 new priority services of the AHP Initiative.
    - A coordinated community planning process and innovative program planning at the agency level will be required.
    - In response <u>SF HPPC has organized meetings on 11/20/03 and 12/8/03 for all CBOs to provide assistance to them in applying for those direct funds</u>.
      - * Representatives of CDC have also been invited, but have they have not confirmed that they will attend.
  - ⇨ The <u>SF HPPC has also begun the process of strategic resource reinvestment</u>.
    - This involves strategically allocating funds from the CDC, State of California, and the City of SF to maximize impact and scope of the dollars.
    - The Council may determine a new set of criteria to categorized proposals:
      - * Utilizing Federal funds for the items they specifically want to fund,

    * Freeing up State and Local funding to use as leverage for fundraising from foundations, encourage collaboration among agencies, rethink Units of Service contracts, and other such ideas.

- Steven Tierney stated that by thinking and planning strategically, there is a way to use the $15 million in San Francisco HIV prevention dollars to address all of the issues presented in CDC's Advancing HIV Initiative and the elements of the HPPC's 2004 SF Prevention Plan document.
- The SFLI is a set of activities and projects which will enable the SF HPPC's to respond to, enhance and challenge the CDC to maximize prevention effectiveness.
- The HPPC accepts that the SFLI represents a set of activities and projects which will be in addition to writing the Plan and working on resource prioritization.
  - ⇨ The Council has the benefit of being in a city where HIV Prevention activities enjoy the leadership and support of:
    - * The current Mayor of SF,
    - * Both candidates to be the next mayor,
    - * The SF Board of Supervisors, and
    - * The SF Department of Public Health.
  - ⇨ This support is not only for doing prevention, but also to providing a model of prevention that is effective in San Francisco.
- Steven stressed that there is nothing wrong with Testing, Rapid Testing, Partner Services, Prevention Case Management or Perinatal prevention. Nor is there anything wrong with prioritizing people living with AIDS.
  - ⇨ However, the CDC's five focuses will not end the HIV epidemic, nor will it end the disparity in the provision of healthcare services without comprehensive health education and harm reduction services as part of the effort.

- Next year one of the Council's Committees will deal exclusively with the issues presented in AHP and our 2004 Plan thus ensuring that SF continues to be on the cutting edge of eliminating new HIV infections and improving the health of the impacted communities.

Comments and Questions

- Joani Marinoff expressed appreciation for the work that has been done on the SFLI, adding that it may be one of the most important things that the Council can do.
- Israel Nieves-Rivera stated that the directly funded organizations will be meeting with Nancy Pelosi on 11/17/03.
- Hank Wilson asked what is going on with the SF School District – a topic, he noted that he is reminded of this topic every time Federal funding is discussed.
  - ⇨ He suggested the Council have a report on this topic and noted that the Wedge program used to be active, but is no more and that there hasn't been School District participation in the Council for years.
  - ⇨ Michael Cooley reported that a program similar to the Wedge program has been restarted at the Cole Street Clinic as well and that Bay Positives is working with them.
  - ⇨ Steven Tierney noted that the School District has been invited to participate in the Council every year and that a seat has been reserved for such participation; but that they have chosen not to participate.

- ⇨ He reported that SFDPH provides the Condom Availability Program in the schools, adding that Tracey Packer and the Health Education Staff run the program.
- Renol Ratchford expressed his appreciation for the new member mentoring program.

Adjournment

Evaluation forms were distributed and members reminded to execute them.
The meeting adjourned at 6:06 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Tracey Packer.

Reminder: The next HPPC meeting will be held on Thursday, December 11th, 3:00-6:00 PM, City Hall, Room 201, San Francisco.

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* Please note: the total number of votes cast changed throughout the meeting as a result of members arriving and/or leaving between motions.
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HIV Prevention Planning Council
Tenderloin Community Forum
Wednesday, December 10, 2003
3:30 - 5:00 p.m.
Continuum
255 Golden Gate (@ Leavenworth)
San Francisco, CA 94102

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AGENDA

1. Welcome and Announcements 3:30-3:40 PM
   - Israel Nieves-Rivera, HPPC Co-Chair
   - Jimmy Loyce, Deputy Director of Health

2. Introduction 3:40-3:50 PM
   - History - Erick Brown, Co-Chair Community Liaison Committee

3. SCAN Results Presentation 3:50-4:15 PM
   - The results of the Tenderloin SCAN research will be presented for discussion. (Systems Capacity Assessment by Neighborhood)

4. Questions from Community Members & Guests 4:15-4:35 PM
   - Facilitated by Michael Cooley, Member Community Liaison Committee

5. Next Steps 4:35-4:50 PM
   - Suggestions for Action Plan (Steven Tierney, Director of HIV Prevention & Israel Nieves-Rivera)

6. Conclusion 4:50-5:00 PM

NOTE: All meetings are open to the public and are held in handicapped accessible facilities. Meeting dates and times are subject to change, please verify by calling Betty Chan Lew at 554-9492.

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In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

HIV Prevention Planning Council Meeting
Thursday, December 11, 2003
3:00-6:00 pm

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City Hall, Room 201
San Francisco, CA

Agenda

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	**Welcome, Introductions, Announcements, and Refreshments**	**Gwen Smith**
3:15 pm	**Review and Approval of Minutes of November 13, 2003** *VOTE*	**Gwen Smith**
3:20 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**Gwen Smith**
3:30 pm	**Member Response to Public Comment**	**All**
3:35 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. The Co-Chairs will ask HPPC members to approve the Introduction to the 2004 HIV Prevention Plan for inclusion in the Plan *VOTE*	**Gwen Smith (with Joani Marinoff and Frank Strona, Plan Research)**
3:45 pm	**Approval of the Community Assessment Chapter** Objective: To approve the Community Assessment Chapter for inclusion in the 2004 HIV Prevention Plan. *VOTE*	**Joani Marinoff and Frank Strona, Plan Research Committee**
4:15 pm	**Approval of the Strategies and Interventions Chapter** Objective. To approve the Strategies and Interventions Chapter for inclusion in the 2004 HIV Prevention Plan. *VOTE*	**Loris Mattox and Barbara Adler, Plan Policies Committee**
4:45 pm	**Break**	
5:00 pm	**Approval of the 2004 HIV Prevention Plan** Objective: To approve the 2004 HIV Prevention Plan in its entirety. *VOTE*	**Co-Chairs**
5:10 pm	**Election of the HPPC Community Co-Chair for 2004-2005** Objective: To elect the Community Co-Chair for January 2004 through December 2005. *VOTE*	**Gwen Smith**
5:20 pm	**Celebration of the HPPC Work of 2003**	**Co-Chairs**
5:50 pm	**Summary of Meeting, Evaluation, Closure**	**Gwen Smith**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:
Community Liaison: Thursday, December 18, 2:00 - 3:30 PM, 25 Van Ness Ave, 330A
Full Council: Thursday, January 8, 3:00 – 6:00 PM, Location TBD

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2003 HPPC Parking Lot

Discussion on MSMs and substance use
Discussion of PCM specifically for transgender MTF, including information gathered from client satisfaction surveys
Discussion on HIV and homelessness
Discussion on barriers to access to medical care
Discussion on the lack of positive sex messages for gay men
Funding and sex positive messages
Discussion on abstinence based prevention
Discussion of HIV Positive Speakers Bureau
Presentation on Asian & Pacific Islander (API) HIV rates in SF by Kyung-Hee Choi, Tri D. Do, Don Operario
Discussion on the citywide effects of crack use on HIV risk behavior
Presentation on Latino Gay Men: Migration, Sexuality, and HIV Risk by Hector Carrillo, Rafael Diaz
Discussion on the Enforcement of 'Point of Sale Warning' regarding Poppers
Presentation on Post Exposure Prevention Study by Michelle Roland from UCSF
Promotion of more positive images of TG people in agencies.
Update on Chlamydia Elimination Project (Youth & STDs)

HIV PREVENTION PLANNING COUNCIL

Minutes

December 11, 2003

The next HPPC meeting will be held on **Thursday, January 8, 2004**
3:00 - 6:00 p.m.
Walden House, 1885 Mission (@ 15th Street), San Francisco

<u>Members Present:</u>
Barbara Adler
Chata Ashley
Ari Bachrach
Teresa Betancourt
Matt Blanchard
Erick Brown
Gayle Burns
Edward Byrom
William Cochrane
Michael Cooley
Keith Folger
Steve Gibson
Robert Gomez
Tamika Gonzales
Manny Grueso
Thomas Knoble
Loris Mattox
Israel Nieves-Rivera
Ken Pearce
Perry Rhodes III
Andre Robertson
Rebecca Rodriguez
Mike Schement
Gwen Smith
Tae-Wol Stanley
Frank Strona
Steven Tierney
Edward Velasco
Hank Wilson

<u>Members Absent:</u>
Aaron Cohen
Michael Discepola
Janetta Johnson
Joani Marinoff
Marcel Miranda
John Newmeyer
Renol Ratchford
Gail Sanabria

<u>Harder + Co.:</u>
Dara Coan
David Weinman
Allison Weston
Hieu Ngo

<u>Guests</u>
Alex Kral - Urban Health Study, UCSF
Joaquin Sanchez - AHF Magic Johnson Clinic
Jen Sarche - Research Section (AO)

<u>HIV Prevention Section:</u>
Elizabeth Davis
Terry Dowling
Vincent Fuqua
Vanessa Lee
Betty Chan Lew
Eileen Loughran
Tracey Packer
Lisa Reyes
Marise Rodriguez

<u>Process Evaluation Team:</u>
Pamela Washington

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<u>Welcome, Introductions, Announcements, and Refreshments</u>

Gwen Smith, Community Co-Chair of the HPPC, called the meeting to order at 3:15 p.m. She introduced herself and the other Co-Chairs. She welcomed the attendees to the meeting and invited them to make announcements. The icebreaker question was, "*What is your Astrological sign?*" The following shows the breakdown of attendees by Astrological sign:

	Aries	Taurus	Gemini	Cancer	Leo	Virgo	Libra	Scorpio	Sagittarius	Capricorn	Aquarius	Pisces
Members	4	1	1	2	2	3	2	1	2		4	3
Other	1		3	3	3	1	2	2	2	1	1	
Total	5	1	4	5	5	4	4	3	4	1	5	3

- Keith Folger announced that the Stop AIDS Project is presenting the film, "*Hedwig and the Angry Inch*" as a Christmas fundraiser on 12/19/03. More information can be found on the Stop AIDS Project web-site.
- Gwen Smith announced that the Tenderloin (TL) Systems Capacity Assessment by Neighborhood (SCAN) was presented 12/10/03. The minutes will be sent upon completion.

Review and Approval of Minutes of November 13, 2003
Motion was made and seconded to accept the minutes from the Council meeting 11/13/03. There were no objections, or questions. The minutes were approved as submitted.

General Public Comment
There was no Public Comment.

Member Response to Public Comment
There was no response to Public Comment.

HPPC Co-Chairs/Steering Committee Report
The document entitled, "*HIV Prevention Planning Council Co-Chairs' Report December 11, 2003*" was distributed. The document entitled, "*Presentations for the 2004 HIV Prevention Plan December 11, 2003*" was also distributed. Copies of these documents are available upon request.

Steven Tierney reminded members that the national Society for Public Health Education (SOPHE) awarded the SF HPPC its 2003 Program Excellence Award. He passed around the plaque given to the Council to commemorate this award, which reads:

" *The Society for Public Health Education*
2003 Program Excellence Award
presented to
San Francisco HIV Prevention Planning Council
In Recognition of Outstanding Programming in Health Education
November 15, 2003"

Steven Tierney and Frank Strona conducted an overview of the Introduction chapter to the 2004 Plan document. Steven Tierney noted that a draft of the document was mailed to members in advance of the meeting. In way of background he explained -

- ⇨ The previous Plan document did not include an Introduction.
- ⇨ The CDC requires every jurisdiction to write an HIV prevention plan at least every three years.
- ⇨ The CDC also gives specific guidelines about how the plan should be written; including chapters and contents to include.
- ⇨ The CDC does not require an Introduction, but the SF Steering Committee and the Committees writing the plan considered it helpful in using the Plan as an effective tool.
- ⇨ San Francisco is where HIV prevention community planning was conceived and first implemented.

- ⇨ SF Congresswoman Nancy Pelosi, the current Minority Leader in the House of Representatives along with Congressman Waxman first advanced the notion that community planning should be a part of HIV prevention planning.
- ⇨ Responding to the CDC's new initiative, "*Advancing HIV Prevention*," the SF Steering and Plan writing committees concluded that it would be appropriate to have information in the Introduction regarding the San Francisco Leadership Initiative (SFLI).
  - The Committees considered it particularly important to provide background to the official document describing SF's HIV prevention for the next three years.

- The first part of the Introduction deals with SF's background and approach to dealing with HIV prevention.
  - It provides a brief history of SF's leadership role in HIV prevention.
  - It next deals with SF's approach to HIV prevention in 2004 and beyond.
  - It then describes the SFLI, which is otherwise too new for inclusion in the Plan's content.
    - In support of including the SFLI in the Introduction he offered these points:
      - The Plan itself lays out SF HIV prevention approach, which is in part guided by the CDC;
      - The SFLI responds to the CDC's initiative, accepting its principles with the provision that SF wants to go beyond that guidance;
      - The SFLI highlights that the tenets of the CDC's initiative are insufficient to SF's unique needs; and
      - The SFLI also addresses SF strategic resource allocation in which funds are used in ways that are compatible with funders' specifications.
    - He noted that the AIDS Office has met with the directly funded agencies to discuss how the HPPC and they could deal with the CDC's new initiative.
    - The AIDS Office, he added, will continue conducting training and providing technical assistance regarding the CDC initiative and other sources of funding.
  - He noted the Tenderloin Community Forum (12/10/03) is a component of the SFLI.
    - At that meeting local providers and community members put together a list of next steps in addressing HIV prevention in that neighborhood.
- ⇨ He stated that Mike Schement suggested the Introduction include a sentence or two regarding how interested community members could get involved.

- Second Part of the Introduction deals with the local epidemic and the response to it.
  - It describes in tables, charts, and text what the SF HPPC considers important as well as the current state of the epidemic.

<u>Questions and Comments</u>

- Ken Pearce said that although it is very nicely stated, he wondered if there are likely to be repercussions from SF approaching the epidemic in a unique manner, including the SFLI.
  - ⇨ Steven Tierney indicated that repercussions were likely, but probably not financial ones.
    - He added that the Introduction makes it clear that SF intends to comply with the CDC's initiative, but also do much more.
  - ⇨ The CARE Council, he pointed out, gets regulations – the prevention side gets guidances.
    - He added that with community planning there are bound to be local variations.

- Mike Schement commented on including SFLI in the Introduction.
  - ⇨ He also suggested adding something explaining how the chapters work together.
    - While each chapter discusses its connection to other chapter, he suggested it should also be in the Introduction.
    - In particular he recommended discussing the connection between the Community Assessment and Priority Setting chapters.

Steven Tierney asked if there were any objections or further discussion to the suggestions offered by Mike Schement. No objections were offered and there was no additional discussion. The suggestions were accepted as friendly and referred to the consultant for incorporation in the Introduction.

- Ed Byrom stated that he liked the way the Introduction read – as a contrast between local experience and the national overview.
  - ⇨ He said that it is a statement of how and in what ways SF is unique.
  - ⇨ He added that the tone was not contentious but necessarily addressed those concerns that are important to SF and that might not be found elsewhere.
- William Cochrane agreed and said he was proud to be part of the process.
- Israel Nieves-Rivera stated that this isn't just an introduction to the Plan it is also guidance to future Council members and Co-chairs.
  - ⇨ He added that the Plan and the Introduction reflect the community's view as put together and voted on by this Council.
- Mike Schement said that the statement regarding the CDC could even be stronger.
- Steven Tierney suggested changing the title from "*Introduction*" to something like, "*San Francisco's Leadership Role in Prevention*" and include a page entitled, "*Introduction*" or "*How to use this Plan*" which provides technical information on using the chapters.

Steven Tierney directed the members' attention to the portion of the slide presentation dealing with Counseling and Testing in the Introduction.

- ⇨ He pointed out that both the SF HPPC and the CDC suggest HIV testing be part of routine medical care, and that sexually active MSM get tested periodically.
  - He asked if counseling should <u>always</u> accompany testing, even for people getting regular and/or routine test.

<u>Questions and Comments</u>

- Tae-Wol Stanley noted that the statement does not specify that counseling needs to be by an HIV Test Counselor and that counseling could be informally done by other providers.
  - ⇨ He also questioned if physicians would be bound by the HPPC's statement.
- Ken Pearce cited an example from a hot-line call he had earlier that day from a 19-year-old in Texas who was tested without counseling and was given inaccurate information.
  - ⇨ He asserted that counseling should always accompany testing.
- Edward Byrom cited an example of a man who had his regular six-monthly HIV test from his physician (at Kaiser) and received no counseling but was told he was positive. Several days later he had a viral load test. Two weeks thereafter he received a letter informing him that he was, in fact, negative.
  - ⇨ He wants to uphold the concept of there always needs to be counseling with testing.

- ➪ He added that in situations similar to those cited by Tae-Wol where non-HIV Test Counselors provide counseling they need to be held accountable.
- Michael Cooley noted that research has shown counseling is effective, but he wonders if a statement in the HPPC Plan would influence physicians.
  - ➪ He also asked how the HPPC could influence physicians.
- Frank Strona suggested replacing, "*should always*" with, "*supports*."
- Steve Gibson suggested that counseling should be available if wanted; but not required.
  - ➪ He added that counseling needn't be by the medical provider.
- Tae-Wol stated that he wanted to ensure that the paragraph isn't misconstrued to imply that only HIV Test Counselors can perform testing.
  - ➪ Steve Tierney clarified that in California only tests performed by a certified HIV Test Counselor are reimbursed by the State, although some providers nonetheless give tests.
- Ari Bachrach stated that medical settings are important and should be on a later Council agenda.
  - ➪ He suggested using the wording, "*counseling should always be available and offered ...*"
- Barbara Adler stated her support for Ari Bachrach's wording.
  - ➪ She stated that agencies funded by the SFDPH do counseling because the professional staff sees to it that the provider has the wherewithal to do so.
- Gwen Smith also agreed with Ari Bachrach's wording.
- Edward Byrom stated that "*always*" makes a specific point, and people can always decline.
- Marise Rodriguez stated that the wording could be, "*... that disclosure counseling should always be accompanied by testing*," which would apply to medical and public testing.
  - ➪ She added that people could always opt in or out of counseling.

There was no additional discussion or objection and so the wording suggested by Ari Bachrach was accepted as a friendly amendment.

Co-Chairs moved that the Introduction to the Plan be approved for inclusion in the 2004 San Francisco HIV Prevention Plan. Discussion followed.

- Matt Blanchard asked if it includes changes noted above, and was told that it does.

There was no further discussion, and no objections. The motion passed by consensus.

Approval of the Community Assessment Chapter

Frank Strona conducted the slide presentation on the Community Assessment Chapter. He noted that Joani Marinoff who was scheduled to make the presentation was unavailable, but that she conveys her support for the chapter. He identified the members of the Plan Research Committee present at the meeting. He also pointed out that word-smithing should be addressed outside of the Council meeting directly with Dara Coan.

Questions and Comments

- Barbara Adler said that this chapter was very user-friendly and that she really liked it.
- Israel Nieves-Rivera noted that there are always things that are missed, and that members need to understand that any part of the written Plan can be amended later.

Motion was made and seconded that the Community Assessment chapter be approved for inclusion in the 2004 San Francisco HIV Prevention Plan. There was no further discussion, and there were no objections. The motion was approved by consensus.

Approval of the Strategies and Interventions Chapter

Loris Mattox and Barbara Adler conducted the slide presentation on the Strategies and Interventions Chapter. Loris Mattox noted that she served on the Plan Policies Committee as a Community Member, but will be a Council member in 2004. She added that she is the first of the new members to make a presentation to the Council. Committee members were identified. The following are highlights of the comments made by the presenters in addition to the slides:

- Within the five parts of the chapter are four independent toolboxes for providers' use:
  1) Principles of Program Design and Implementation;
  2) Behavioral Theory;
  3) Strategies and Interventions; and
  4) Standards of Practice and Quality Assurance.
- The Plan helps educate providers regarding contracting and responding to RFPs.
- One of the consequences of the Plan is the political repercussions discussed earlier and how it will hopefully alter the CDC's view/approach to prevention.
  - ⇨ This consequence relates to Level 6 in the Spectrum of Prevention.

Questions and Comments

- Matt Blanchard expressed difficulty with level 2 as the numbers imply priority.
  - ⇨ He noted that the individual level (1) is about skills building, but the community level (2) only discusses information and resources.
  - ⇨ He added that the community level should also be about developing skills and building an environment in which the individual can develop.
  - ⇨ He suggested adding into the community level mention of group level skills development.
- The Michael Cooley stated that skill building is partly covered in level 3, but agreed that there is value in adding clarifying wording.

The Committee accepted Matt Blanchard's suggested amendment as friendly.

The Plan Policies Committee moved that the Strategies and Interventions chapter be approved for inclusion in the 2004 San Francisco HIV Prevention Plan. There was no further discussion or objection. The motion was approved by consensus.

Barbara noted that the Committee would have its meeting 12/17/03 at Magnet, as planned.

Approval of the 2004 HIV Prevention Plan

Israel Nieves-Rivera conducted the slide presentation relating to the motion to accept the whole of the 2004 Prevention Plan.

- When reviewing the Table of Contents he noted the Council's earlier decision to place information regarding SF's new direction in its own chapter rather than as part of the Introduction.
- He read the proposed dedication which has been updated since the printing of the slide presentation to read, "*Today's HPPC embodies the spirit of these men, woman, and transgendered persons and wish to dedicate this plan…*" (update addition underlined).

Questions and Comments

- Tae-Wol Stanley suggested splitting the dedication's two sentences into smaller sentences.

- ⇨ In response to his suggestion that these are run-on sentences, Dara Coan said that the grammar would be checked.
- Michael Cooley stated that he hasn't seen the list of abbreviations yet.
  - ⇨ Dara Coan stated that each chapter will review the abbreviations used in that chapter and there will be a foldout at the back of the document for easy reference.
- Matt Blanchard asked if the design and photographs are to be reviewed by the Council.
  - ⇨ Steven Tierney explained that the design will not been discussed by the Council as a whole but rather is delegated to the SFDPH working with a design consultant.
    - He suggested interested people talk with Tracey Packer and Dara Coan.
  - ⇨ Tracey Packer stated that the new designers seem fresh and innovative and that there would be an opportunity in early January for members to review and provide input on the proposed photographs.
    - An announcement of this viewing will be sent to members.
  - ⇨ She added that everyone that has seen the designers' proposal has liked it.

The Community Co-chairs, the Plan Policies and Plan Research Committees moved to approve the 2004 San Francisco HIV Prevention Plan. [Small changes might be made between now and publication to ensure consistency in design, clarity, grammatical correctness, etc. New data/information will only be added in rare circumstances (e.g., critical new information, update of old data).] There was no further discussion and no objections were offered. The vote on the motion was by role call.

Yea:	22
Nay:	0
Abstain:	0

The motion passed unanimously. There was a brief celebration following the vote.

<u>Election of the HPPC Community Co-Chair for 2004-2005</u>

Gwen Smith noted that there is only one nominee for the position of Community Co-Chair for the 2004-2005 term, Israel Nieves-Rivera.

The motion was made and seconded to elect Israel Nieves-Rivera as the Community Co-Chair for the 2004-2005 term. There was no discussion and no objections. The vote was conducted by role call.

Yea:	21
Nay:	0
Abstain:	0

The motion passed unanimously.

<u>Celebration of the HPPC Work of 2003</u>

Gwen Smith noted the highlights of the HPPC's accomplishments during the 2003 term, including:

- ⇨ Production of the 2004 HIV Prevention Plan,
- ⇨ Letter of concurrence to the Cooperative Agreement,
- ⇨ Completed two Needs Assessments, the results of which will be presented in 2004 -
  1. Sex workers and
  2. Straight identified MSM,

- ⇨ Conducted collaborative meetings with the SF HIV Health Services Planning Council,
- ⇨ Performed an assessment of prevention with positive people,
- ⇨ Formed a joint working group with the members of the CARE Council defining and dealing with Prevention with Positives,
- ⇨ Conducted two SCANS and presented the results in Community Forums in –
    1. The Bayview Hunter's Point and
    2. The Tenderloin neighborhoods,
- ⇨ Held a Council meeting focused on Youth at the Ark of Refuge,
- ⇨ Recruited nine new Council members,
- ⇨ Conducted successful Council meetings in the community,
- ⇨ Participated in cross-cultural communications training, and
- ⇨ Received the SOPHE Program of Excellence Award.

Gwen Smith suggested members congratulate themselves for a productive year. A brief celebration followed.

Gwen Smith and the members then expressed their thanks to the HIV Prevention Section staff, the consultants, minute takers, and the process evaluation team.

Gwen personally passed out Certificates of Appreciation to Council members, Community members, consultants, the note taker, and members of the process evaluation team in attendance.

- She noted that Certificates would be sent to:
    - ⇨ Members who served on the Council for part of the 2003 term,
    - ⇨ Absent active members,
    - ⇨ Absent members of the process evaluation team,
    - ⇨ The other note taker, and
    - ⇨ Absent Community members who served on Committees.

Rounds of applause acknowledged each certificate.

Members met Steven Tierney's suggestion that they acknowledge the work of the HIV Prevention staff, and in particular the many things that Betty Chan Lew does, with sustained applause.

Steven Tierney then suggested acknowledging members that had not elected to renew their terms: Hank Wilson and Rebecca Rodriguez. That suggestion was also met with a long round of applause.

<u>Adjournment</u>
Evaluation forms were distributed and members reminded to execute them.
The meeting adjourned at 5:00 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Tracey Packer and Gwen Smith.

Reminder: The next HPPC meeting will be held on Thursday, January 8th, 2004 at Walden House, 1885 Mission Street (@ 15th Street), San Francisco.

HIV Prevention Planning Council Meeting
Thursday, January 8, 2004
3:00-6:00 pm

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Cesar's Hall, 3rd Floor
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Garage parking on Hoff Street right off 16th Street near Mission (two blocks away)

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1/8/04

Agenda

01-06-04 A09:1 RCVD

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	**Welcome, Introductions, Announcements, and Refreshments**	**Israel Nieves-Rivera**
3:15 pm	**Review and Approval of Minutes of December 11, 2003** *VOTE*	**Israel Nieves-Rivera**
3:20 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**Israel Nieves-Rivera**
3:30 pm	**Member Response to Public Comment**	**All**
3:35 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. (***POSSIBLE VOTE***)	**Israel Nieves-Rivera**
3:50 pm	**Update on the HIV Epidemic 2004** Objective: To have updated information on how HIV in San Francisco, including trends in epidemiology.	**Willi McFarland, Co-Chief of the HIV/AIDS Statistics and Epidemiology Section of the AIDS Office**
4:20 pm	**San Francisco Leadership Initiative: Update and Next Steps** Objective: To discuss the HPPC new approach to HIV prevention.	**Co-Chairs**
4:40pm	**Break**	
4:55 pm	**Plan for Committee Work** Objective: To break up into committee and begin planning for 2004, to set first meeting of each committee, and to select interim co-chair(s).	**All Members**
5:50 pm	**Summary, Evaluation, and Closure of Meeting**	**Israel Nieves Rivera**
6:00 pm	**Adjournment**	**Israel Nieves Rivera**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:
Full Council: Thursday, February 12, 3:00 – 6:00 PM, Location TBD

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HIV PREVENTION PLANNING COUNCIL
Minutes
January 08, 2004

The next HPPC meeting will be held on **Thursday, February 12, 2004**
3:00 – 6:00 p.m.
Mayor's Conference Room, Room 201, City Hall

Members Present:
Barbara Adler
Chata Ashley
Ari Bachrach
Teresa Betancourt
Matt Blanchard
Erick Brown
Gayle Burns
Edward Byrom
Catherine Geanuracos
William Cochrane
Aaron Cohen
Michael Cooley
Keith Folger
Steve Gibson
Robert Gomez
Tamika Gonzales
Manny Grueso
Janetta Johnson
Thomas Knoble
Loris Mattox
Marcel Miranda
John Newmeyer
Israel Nieves-Rivera
Ken Pearce
Renol Ratchford
Perry Rhodes III
Andre Robertson
Gail Sanabria
Mike Schement
Frank Strona
Steven Tierney
Edward Velasco

Members Absent:
Michael Discepola
Joani Marinoff
Gwen Smith
Taè-Wol Stanley

Guests
Jimmy Loyce, Deputy Director SF DPH
Willi McFarland, AIDS Office
Hank Wilson, TARC

HIV Prevention Section:
Vincent Fuqua
Betty Chan Lew
Eileen Loughran
Tracey Packer
Lisa Reyes
Guillermo Gonzalez

Harder + Co.:
Dara Coan
David Weinman

Process Evaluation Team:
Pamela Washington

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Welcome, Introductions, Announcements, and Refreshments

The meeting was held at Cesar's Hall, Walden House 1885 Mission Street. Israel Nieves-Rivera called the meeting to order at 3:11 PM. He explained that Community Co-Chair Gwen Smith is at the African-American HIV University in Los Angeles, and that she sends her New Year's regards. He thanked Walden House for the use of the facility. He then explained that the Co-Chairs rotate duties at each meeting, with one facilitating and the other two providing support. The icebreaker question was how was your New Year.

- Steve Gibson announced that Magnet had its 1,000th client in December.
- Ken Pearce welcomed Catherine Geanuracos as a new member of the HPPC.
  - ⇨ He noted that she is also a member of the HIV Health Services Planning Council (CARE Council).
- Ken Pearce also announced a rally at the Federal Building 01/13/04 at noon.
  - ⇨ He pointed out that this action would protest proposed cuts to the AIDS Drugs Assistance Program (ADAP) budget including capping benefits and enrollment.
  - ⇨ He noted the importance of getting highly active antiretroviral therapy (HAART) to newly infected people.

Draft HIV PREVENTION PLANNING COUNCIL Draft

Minutes

January 8, 2004

Review and Approval of Minutes of December 11, 2003

Motion was made and seconded to accept the minutes for the 12/11/03 meeting. There were no questions, or objections. Marcel Miranda abstained. The minutes were approved.

General Public Comment/Member Response to Public Comment

There was no Public Comment.

HPPC Co-Chairs/Steering Committee Report

Israel Nieves-Rivera explained that the Steering Committee met in November and discussed the scope of work for 2004, which is discussed later in the meeting's agenda.

Steven Tierney noted the agenda has been amended to allow Jimmy Loyce, Deputy Director of Health for San Francisco, to address the Council regarding the budget.

Update on the HIV Epidemic

Israel Nieves-Rivera noted that each year the AIDS Office updates the Council on the state of the local epidemic. He then introduced Willi McFarland, M.D., Ph.D. Co-Chief of HIV/AIDS Statistics and Epidemiology Section of the AIDS Office, SF DPH. A hard copy of the presentation, "*The Epidemiology of HIV/AIDS in San Francisco*" has been distributed to all members. Some of the highlights of Willi McFarland's presentation follow.

The following are definitions of Incidence and Prevalence for review of the information:

HIV Incidence

- Refers to new HIV infections.
- Can be expressed as the ***number*** of new infections in a year.
- Can also be expressed as the ***percentage*** of uninfected individuals who will become infected in a year.

HIV Prevalence

- Refers to people living with HIV, including people living with AIDS, at any given point in time.
- Can be expressed as the ***number*** of HIV-positive people.
- Is more often expressed as the ***percentage*** of people who are HIV-positive within a given population.

The presentation is an overview of the changing SF epidemic.

- ⇨ This year's data shows a profound change, that the epidemic has taken a new direction.
- The epidemic can be described as having had five phases of six or so years each:
  1. First phase (1977-84) was characterized by a rapid "*Rise*" in infection;
  2. The next six years (1984-89) showed a rapid "*Fall*" in infection
     - Partly as a result of behavioral changes in the MSM community,
     - And partly as a result of those most at risk already being infected;
  3. The next phase (1989-95) was a "*Nadir*," in which infection was at a low, stable rate
     - About as many were dying of AIDS as were becoming infected – about 500 per year

- During this time prevention efforts probably accomplished as much as is feasible
- AIDS was, however, SF's largest cause of loss of productive life-years;

4. The next six years (1995-2001) was a "*Resurgence*" phase, characterized by the availability of life-sustaining treatment as well as an upward trend in new infections
   - AIDS went from the number one cause of life lost to fifth or sixth for men and approximately 15th for women
   - Many optimistically thought that treatment equated to prevention
     * That lower viral loads meant people were less infectious
     * Some also believed that treatment would lead to eradication of the virus in those infected, a trailing off, and ultimately an end to the epidemic
   - There was widespread use of anti-retrovirals shortly after sero-conversion.
   - This coincided with an increase in sexual risk behavior.
   - New infections increased to about 1,000 cases per year; and
5. A "*Plateau*" phase (2001-07) in which new infections are level or decline slightly
   - The rate is still much higher than during the "*Nadir*" years
   - There are indications that some prevention efforts are effective.

- The epidemic differs greatly by Behavioral Risk Population (BRP)
  - ⇨ HIV among MSF/FSM (Heterosexual) is "*Not Epidemic*." (Is it *No Epidemic*)
    - The population is experiencing a very low infection rate.
    - Almost all infection relates to either drug use or is among Female partners of MSM (Gay, Bisexual and men who have high risk sex with men but do not identify as gay or bisexual)
    - Unlike the national trend, propagation due to MSF/FSM contact does not take place in any significant numbers in SF.
  - ⇨ Infection among MSM remains "*Epidemic*". (Means the spread of disease is increasing)
    - In SF sexual contact among men remains the predominant means of transmission.
      * This has been true throughout all phases of the epidemic to date.
    - The incidence rate among MSM is about 4%, which is sufficient to keep the epidemic growing indefinitely.
  - ⇨ HIV among IDU remains "*Endemic*" (Means a disease persists in a community, without substantially increasing or decreasing over time)
    - MSF/FSM (Heterosexual) IDU has been stable since early 90's, with an incidence rate of about .5% -- sufficient to maintain, but not grow, the epidemic indefinitely.
    - Among MSM IDU the incidence rate is about 4%.
    - The prevalence rate for all IDU is about 10-15%
- The epidemic in SF.
  - ⇨ The 30,000 AIDS cases in SF are more than all of cases in England or Germany.
  - ⇨ Infection mostly concentrated in two neighborhoods:
    - The Castro which has had as much infection as among all MSM in France, and
    - The Tenderloin with significant incidence among MSM, MSM-IDU and Transgendered people.

    (Neighborhood data is based on the address reported at the time of diagnosis.)
  - ⇨ SF's 20,000 AIDS deaths exceeded that of most European countries.
- Sources of data used includes data from the by name AIDS reporting required by law which also provides data on treatment, survival outcome, and people not accessing treatment;

- ⇨ Statistics on HIV are more difficult to acquire, as test results are not reported.
  - Since July 2003 California has required non-name reporting of HIV test results.
- –For prevention, incidence data is the most significant as it shows who is acquiring HIV, where the epidemic is going, and where interventions are needed.
  - ⇨ Since 2001 sources of incidence data have shrunk due to the termination of some studies and research projects.
  - ⇨ Sexually Transmitted Diseases (STD) data is also a good source of information regarding incidence.
    - STD test results are reported by name to the DPH's STD Control Division.
    - Questions regarding STD are also part of the community-based surveys conducted by the HIV/AIDS Statistics and Epidemiology Section.
- Why are STDs so closely watched:
  - ⇨ STD are surrogate of sexual-risk behavior as they have the same means of transmission,
  - ⇨ They are co-factors for the acquisition of HIV,
  - ⇨ A person with an STD is more vulnerable to acquisition of HIV, and
  - ⇨ Co-infected people are more infectious to others.
- Incidence, Mortality, and Prevalence.
  - ⇨ 1992-3 had the largest number of AIDS cases reported; which was ten years after the peak in transmission (1983).
    - Prior to the introduction of HAART the average time span between acquisition of HIV and development of full-blown AIDS was about ten years.
  - ⇨ 1995 had more AIDS deaths than new infections.
    - Prior to the use of HAART survival averaged 18 months after AIDS diagnosis.
    - The peak in diagnoses was in 1992-3, followed 18 months later by the peak in deaths.
  - ⇨ 1995 was also the first year of widespread release of HAART.
    - The AIDS death rate declined.
  - ⇨ As a result of longer survival, the percentage of people living with AIDS (PWA) – or prevalence – has increased.
    - Without a radical reduction in new cases, prevalence will continue to increase.
    - Although there have been different approaches to the use of HAART, the percentage of PWA on treatment has stabilized at about 75%.
- The prevention implication of more PWA is that there is a greater possibility for infection.
  - ⇨ Increase in actual infection is dependent on Positives' sexual practices, their choice of partners, as well as other factors.
- The doubling of STDs among MSM living with AIDS indicates this group is engaging in sexual risk behavior.
  - ⇨ Negative partners of Positives are more susceptible to HIV if they acquire a STD.
- During the "*Resurgence*" phase, data collected from thousands of tests pointed to a trend of increased infections among MSM and stable, or declining, rates among MSF/FSM.
  - ⇨ STDs, sexual risk behavior, and HIV incidence all increased among MSM and MSM-IDU.
  - ⇨ During this period, Unprotected Anal Sex (UAS) increased among all BRPs with MSM.
  - ⇨ MTF Transgendered people also experienced a sharp increase in HIV incidence, although data is scarce.
  - ⇨ FSM/MSF (Heterosexual) was limited to female partners of MSM, and to MSF-IDU.
  - ⇨ Infection among children has been a success story with 0, 1, or 2 cases per year.

- HAART increases prevalence because infected people live longer and therefore have greater opportunity to transmit the virus.
- There is scientific controversy regarding whether HAART increases HIV incidence.
  - ⇨ The equation $R_o = \beta \times C \times D$ describes how Incidence is calculated.
    - R_o is the "*Reproductive Rate*" – the average number of people each case infects.
      - If the "*Reproductive Rate*" is greater than one the epidemic expands (Incidence increases); if it is less than one the epidemic contracts (Incidence decreases).
    - β (Beta) is the virus' infectiousness, or the likelihood of transmission per partner.
      - HIVs is innately difficult to transmit, and so it's β is low; other factors include:
        - Beta decreases with a reduction in viral load;
        - Beta increases when treatment fails, is interrupted, or if drug resistance develops; and
        - Beta increases when STDs are also present because more virus is shed.
    - C is the number of serodiscordant partners an HIV Positive person has, or the number of opportunities the virus has for transmission.
    - D is the duration of the infection – the longer one is HIV Positive the more the opportunity for transmission.
  - ⇨ HAART effects the equation in these ways:
    - Lowers Beta by making the virus less transmittable (perhaps as much as 60%);
    - Raises C by making Positive people healthier, including more sexually functional
      - Prior to HAART, Positives were not physically or sexually robust
      - The high rate of STDs among people with AIDS is evidence of increased sexual function
      - As the quality of life increases for people with AIDS, and fear of the disease decreases, there tends to be a dis-inhibition of sexual-risky behavior; and
    - Treatment lengthens D of PWA resulting in more opportunity for transmission.
- Is SF experiencing enough of a reduction in sexual risk behavior to counterbalance the increase in other factors – Infectiousness (β), Number of partners (C), and Duration (D)?
  - ⇨ It would require 70% of Positive people to be receiving treatment, and a 25% reduction in sexual risk behavior, to shrink the AIDS epidemic.
    - This is achievable, currently 75% of Positives are receiving treatment, and during the "*Nadir*" phase SF experienced more than a 25% change in sexual risk behavior.
- It is more difficult to determine if Positives are practicing safe sex because there has been a reduction in research and therefore available data.
- There are numerous prevention strategies that would reduce the "*Reproductive Rate*" (R_0) and therefore shrink the epidemic.
- There is evidence that sexual risk behavior is trending down, slightly, among MSM.
  - ⇨ There is an increased "*HIV Serosorting*" where:
    - Positive men are less likely to engage in UAS with people of unknown serostatus and more likely to have UAS with other positive men, and
    - Negative men are less likely to engage in UAS with known Positive men.
  - ⇨ There has been a decrease in the number of Negative people reporting they knowingly engaged in sexual risk behavior with men they knew to be Positive.
- Prevention Implications

- ⇨ Prevention for Positives directly impacts incidence.
  - Indications are that the efforts to date may be working.
- ⇨ Keeping HIV Positive people as clear as possible of STDs would have a profound effect.
  - SF is in the midst of the worst Syphilis epidemic in North America.
- ⇨ Issues that are emerging as having significant impact on the HIV epidemic include: Amphetamine (Speed) use, poppers, Viagra, Internet partnering, and a rising trend among Asian-Pacific Islander MSM.
- ⇨ Continue to explore the broader context of gay men's health.
- ⇨ Sexual harm reduction needs more research.
  - SF has always taken a pragmatic approach, and should continue cautiously so as not to broadcast the wrong message to the community.
- ⇨ Must continue those prevention efforts that have worked, including Needle Exchange.
- ⇨ Treatment contributes to prevention, and prevention requires accessible treatment.

- Non-names HIV Reporting, "*Sneak Preview.*"
  - ⇨ The HIV/AIDS Statistics and Epidemiology Section have reviewed about half of the backlog of the testing results, 4,494 of the 9,375 PWA in SF. The following are preliminary findings:
    - Transgendered people will not be accurately counted as they were reported as there to Transgender, and there is no way to retrace who tested.
    - Percentages of Positives track well with the data for PWA (by BRP and Race).

<u>Questions and Comments</u>

- In response to Ken Pearce's comment, Willi McFarland noted that more testing would result in a temporary up-tick in the STD rates, but it does not account for the long-term trend.
- Keith Folger commented that the rise in STDs among MSM living with AIDS is partly due to these men having unprotected sex with each other.
  - ⇨ Willi McFarland stated that evidence supports this view.
- Andre Robertson asked for the definition of epidemic.
  - ⇨ Willi McFarland stated that an epidemic is characterized by having more cases this year than would be expected from last year's numbers.
- Andre Robertson then asked why the number of new HIV infections aren't increasing exponentially as are new cases of Syphilis.
  - ⇨ Willi McFarland indicated that part of the reason was, as Keith Folger pointed out, that many MSM living with AIDS are having sex with each other.
- In response to a question from Michael Cooley, Willi McFarland stated the he estimates that approximately 20% of HIV Positives in SF are unaware of their serostatus, which is lower than CDC's estimate of 30% nationwide.
  - ⇨ He also commented in response to a follow-up question from Ken Pearce that it would be difficult to break down Positives who are unaware of their serostatus by BRP because little is known about who these people are.
- John Newmeyer asked if the PWA data takes into account the migration of people in and out of SF.
  - ⇨ Willi McFarland noted that this is a limitation of the data.
  - ⇨ He pointed out that when a positive test result comes back for someone living outside of SF, the county of his/her residence is informed; which is a reciprocal arrangement.

- ⇨ He also explained that the statistical assumption is that the migration in and out balances. Some people come to SF for the health facilities and because it is a "*Gay Magnet*" and some return to their family home when they become sick.
- Perry Rhodes asked how to get more information on the actual number of STD tests.
  - ⇨ Willi McFarland suggested he contact the STD Control Division of the DPH.
  - ⇨ Marcel Miranda noted that he usually provides the Council with a monthly report from the STD Control Division, and that he will send the most recent report to members.
- Andre Robertson asked if the HIV/AIDS Statistics and Epidemiology Section is predicting a super-strain of Syphilis – i.e., antibiotic resistant as is being seen in South Africa and parts of Asia – as a result of the current growth in the epidemic.
  - ⇨ Willi McFarland said that they are beginning to see drug resistant strains.
    - He added that the STD Control website discusses drug resistant strains.
  - ⇨ In response to Andre Robertson's follow-up question regarding new and/or drug resistant strains of HIV, Willi McFarland stated that they are being looked for, but have not as yet shown up.
    - He added, however, that three cases of Type E have shown up in people from Asia.
- Ken Pearce asked about the estimate of a 60% reduction in the infectiousness of HIV when the person has an undetectable viral load.
  - ⇨ He also asked if a correlation between viral load and infectiousness has been established clearly enough to begin routinely tracking Positive people's viral load.
  - ⇨ Willi McFarland stated that there is research indicating that a viral load above 1600 as the threshold for transmission, but that there are also studies showing virus in the semen of men with undetectable viral load.
    - He concluded that since this is the forefront of research he wouldn't hazard a public advisory regarding viral load as yet.
- Aaron Cohen asked if there is evidence that some HAART drugs are more effective in reducing infectiousness.
  - ⇨ Willi McFarland said that while there is some preliminary research, the studies are new and sample too small to be relied upon.
  - ⇨ Aaron Cohen indicated that given a choice, even with preliminary data, many men would choose the treatment offering the least chance of transmission.
  - ⇨ Willi McFarland noted that there are many reasons for choosing one treatment over another – including individual tolerance for side effects – and at this point he advises the choice be clinical rather than prevention oriented.
    - He also agreed with Aaron Cohen's recommendation that more research is needed.

<u>Jimmy Loyce, Deputy Director SF DPH (addition to agenda)</u>
Israel Nieves-Rivera introduced Jimmy Loyce, Deputy Director of Public Health for SF. Jimmy Loyce welcomed the new members and on behalf of the DPH he thanked them, as well as standing members, for their work on the Council. HPPC's work, he noted, has had effect nationally and internationally, particularly relating to Prevention for Positives and for Transgendered people.

He stated that his objective was to talk to members about the budget. He noted, however, that the numbers would probably change several times before the final budget was approved. He pointed out that rumors will circulate until the budget is finalized. He cautioned against giving

rumors too much credence. He stated that he would return to the Council when the budget is settled. This presentation, he explained, is to provide a broad overview rather than specific numbers. The following further outlines his comments.

- During the Fiscal Year (FY) 2003-04 SF faces a budget deficit.
  - ⇨ Mayor Brown could have asked all departments to take a 7.5% reduction this FY (ending 06/30/04) but chose not to.
  - ⇨ Instead he chose to give Mayor Newsom, who took office the day of this meeting, the flexibility of dealing in his own way with the deficit.
- SF faces $100 million deficit at the onset of FY 2004-05 (07/01/04).
  - ⇨ Mayor Newsom may choose to lower that deficit before the beginning of FY 2004-05.
- The bulk of the city general funds in the AIDS Office's budget goes to prevention, not care services.
- Last year cuts were proposed to the prevention budget, but the Health Commission added back the cuts. The proposed budget cuts nonetheless went to the Mayor's office and then on to the Board of Supervisors who reinstated all of the cuts.
    - Had it not been for Council members and associates advocating directly to the Board of Supervisors those cuts would have stood.
- There are two scenarios:
    a) Mayor Newsom starts reductions during before 06/30/04 (FY 2003-04); or
    b) He instructs agencies to begin reductions beginning 07/01/04 (FY 2004-05).
  - ⇨ If the mayor decides to only address the deficit in next year's budget (FY 2004-05) the impact will be greater than if some budget cuts take place this year (FY 2003-04).
  - ⇨ If the latter scenario is chosen, the city will have a more accurate estimate of revenues and the reduction of services would commence 09/01/04.
    - That would provide time for adjustments due to revenue changes from the State,
- SF's local revenue is dependent on Hotel Tax, Property Tax, and Sales Tax.
  - ⇨ In the 1st Quarter of FY 2003-4 (July to September) SF didn't reach its revenue goal.
  - ⇨ In the 2nd Quarter of FY 2003-04 (October – December) the projection is that the City will generate more revenue than budgeted.
    - The overage, however, will not be sufficient to make up for the previous quarter's shortfall.
- Overall, the total shortfall for this FY is still unknown, the current projections call for a deficit of $100 million.
- The State budget is likewise in deficit.
  - ⇨ Despite new Governor's election comments, the State will probably continue part of the car tax, but that money will only go to Fire and Police, not to Health Services.
    - The Governor did not even mention health services in his State of the State address.
  - ⇨ Hopefully the Governor's budget numbers will be released 01/09/04.
    - Even then we won't have concrete numbers until the Assembly passes a new budget.
- The Federal government is flat funding on the care side.
  - ⇨ They are also linking Prevention for Positives to Care services, adding to costs without increasing funding.
  - ⇨ There is no expectation of funding increase from the federal government for prevention; and it may well be cut.

    - Homeland security and funding to rebuild Iraq is consuming the federal resources.
  - Funding from CDC is considered "discretionary" so even with authorization to conduct a program, there may not be an appropriation of funding to go along with it.
    - CDC funding will probably be down, even though prevention activities are already authorized.
- He will come back to the Council and share information with Steven Tierney regularly.
  - He emphasized that all funding is, "*Up for grabs*," and is changing on a nearly daily basis.
- He noted that there is a complete hiring freeze for the City and County of SF.
  - This even applies to positions funded by grants.
- He invited members to contact him or Steven Tierney with questions.
  - He reiterated that the budget remains in flux, but that he and Steven Tierney will do the best they can to get members accurate information.
  - He added that nothing is settled until the Board votes on the budget in June or July.
- He pointed out that there is time for input into the process before final decisions are made.
  - He pointed out, however, that at some point City employees would be told that their time to offer input has ended.
  - Community members, on the other hand, cannot be told that their input is no longer permitted.
    - He therefore invited members to let the Board of Supervisors know about the programs and services that are important to their communities.
    - He reiterated that the members' educating officials during last year's budget process was very effective.

<u>Questions and Comments</u>

- Andre Robertson asked if there are revenue-generating ideas on the table, such as those used in response to emergencies.
  - Jimmy Loyce said that the ideas currently being looked at would not cover the budget's shortfall.
  - He also pointed out that part of the way health programs were spared budget cuts last year was that funds were cut from Fire and Police; which may have been a one-time fix.
- Michael Cooley asked if we could/should advocate to the State Assembly and Senate.
  - Jimmy Loyce noted that Senator Burton, and Assemblymen Lee and Leno are all well informed as well as friends of health services broadly, and AIDS services specifically.
  - He stated that Senators Boxer and Feinstein are strong advocates for SF.
  - He added that Representative Pelosi has been the champion of health services and HIV prevention in SF, even when she was running for Majority Whip and later Minority Leader in the House.
- Jimmy Loyce stated that he will ask Mitch Katz, the Director of the SF Department of Public Health, to come to a Council meeting to discuss the implications of the budget when more is known and settled.

The Council expressed its gratitude for Jimmy Loyce's presentation.

San Francisco Leadership Initiative: Update and Next Step

Israel Nieves-Rivera introduced Steven Tierney, who facilitated the presentation, "*The San Francisco Leadership Initiative: New Opportunities for Community Planning Leaders*." He distributed printed copies of the slides, copies of which are available to absent members upon request. The following are highlights of the presentation not covered by the printed slides.

- The HPPC Steering Committee has wanted to have the San Francisco Leadership Initiative (SFLI) on the agenda for several meetings; but work on the 2004 Plan needed priority.
  - ⇨ Much of the Council's work for 2004, including Committee work, is shaped by the SFLI.
- The SFLI is SF HPPC's reaction to changes at the Federal level, including at the CDC, as well as at the State and City government levels.
- In 1993 Community Planning was invented in SF as an advisory to the DPH and the CDC.
  - ⇨ The process was eventually included in the CDC's process of authorizing funding.
- Leader development hasn't gotten much attention because the Community Planning process itself – including planning services, conducting/directing research, and the like – has taken priority in time and resources.
- Members of the SF HPPC as well as the Urban Coalition for HIV/AIDS Prevention Services (UCHAPS) – of which SF HPPC is a member – became concerned with the changes taking place at CDC.
  - ⇨ The SFLI is SF's active response.
  - ⇨ The shape and scope of the SFLI will be determined by the Committee work started later in the agenda.
- Members of SF HPPC have expressed difficulty with much of the CDC's initiative including:
  - ⇨ "*Make voluntary HIV testing a routine part of medical care*"
    - "*Voluntary*" – recommendation, but may be non-voluntary / without consent
    - "*Routine Medical Care*" – many don't have such, particularly the poor and immigrants
      - * Outside of SF, there is little routine medical care for Transgendered people
    - Other key component is that it calls for testing without counseling
      - * This can be fairly alarming, particularly with the introduction of Rapid Testing.
- When the Republican Party took control of Congress and the White House there were fears that there would be large policy changes made by legislation.
  - ⇨ What has happened instead is the policy shifts have been by administration.
    - For instance, performing HIV tests without patients' consent and without offering counseling is an enormous change that would have been difficult to legislate.
- The CDC's fifth, unstated, strategy relies on increased surveillance.
- SF's priorities are significantly different and include:
  - ⇨ Access to care, particularly to under-served communities, including: youth, minorities, elderly, and the Transgendered population;
  - ⇨ Community capacity planning; and
  - ⇨ Promotion and education.
- The CDC's ABCs reference to abstinence, being faithful, and condom use.
  SFLI agrees with CDC, but goes further in they defines the ABCs. *San Francisco's ABCs*.
  Adults and youth who are sexually active
  Behavioral interventions that are based on evaluation of sound programs
  Co-factors for HIV: poverty, homelessness, etc.

- SFLI also asserts that HIV prevention can be improved but that it has worked.
  - While it agrees with the CDC that the national increase of 40K HIV cases per year is too high, it would have been 100-120K without the effective prevention efforts to date.
- The original CDC plan did not include prevention for persons at higher risk for HIV.
  - The advocacy efforts of members of the SF HPPC, and others, are responsible for the CDC changing the plan.
- The SFLI has the opportunity to shape policy at the Federal, State and local levels.
- When CDC refers to Prevention for Positives it is concentrated on testing and partner identification for the, estimated, 1/3 of Positives who are unaware of their serostatus.
  - The CDC is not referring to the 25-30% of positives who know their serostatus, but for one reason or another are not getting services.
- The SFLI supports testing people who are unaware of their serostatus, but questions if that should be the bulk of Prevention for Positives.
  - The joint working group established between SF HPPC and the CARE Councils has proposed prevention for positives include:
    - Developing social networks, jobs, and housing – as these factors stabilize people so that they can access services as well as helping them develop the skill set necessary to keep the virus from spreading.
    - Access to services, particularly in communities of color and the emerging population of people over 55 becoming positive.
    - Health Education & Risk Reduction (HERR).
  - These kinds of prevention for positives are all absent from the CDC's new initiative.
- Some of the opportunities for leadership include –
  - Providing effective prevention to high-risk groups.
  - Exploring how much of a role non-injection drugs play in sexual risk behavior choices.
  - If services are only given to positives there wouldn't be prevention programs for youth.
  - Community planning includes working with CBOs applying for CDC funding.
    - The AIDS Office is hiring trainers to help in this.
    - In particular, agencies working with African-American youth need assistance, as there have been no applications from such CBOs during the last two funding cycles.
- The SFLI's opportunities for action includes –
  - Educating and advocating policy makers to ensure they understand the limitations of the policies the CDC's new initiative is taking.
  - SCANS as a means of mobilizing and educating communities.
  - Publishing including a wide range of communications, attending conferences representing what needs to be done locally, statewide and nationally.
  - Capacity building includes ensuring that all at-risk groups are getting services.
  - Finding new ways of getting participation from the community, particularly youth and other groups that are currently not involved.
- Although CDC funding may be flat, there are new data requirements and other new administration costs, which will amount to budget cuts.
  - The HPPC will need to help providers find new, creative, ways of providing services by applying funds from different sources to different programs.
- One of the efforts of community planning is to identify who needs services, the kinds of services needed, and ensure that services are reaching them.

- The question to the Council is:
  "*Does the HPPC want to stay within the confines of the CDC's approach, or does it want to take a leadership role by asserting that the limited scope of the new Federal initiative is insufficient for the people we care about and provide services to.*"
  - ⇨ The HPPC Co-Chairs propose, based on the work done last year, that the Council's response be that the HPPC should go beyond the CDC's new initiative –
    - Do what the CDC asks, so as to continue to receive the $10 million funding per year, but also be true to San Francisco and be innovative in its approach.

There were no questions or additional comments.

Plan for Committee Work

Israel Nieves-Rivera distributed the document entitled, "*Proposed HPPC Committees and Scopes of Work for 2004,*" a copy of which is available to absent members upon request. He asked members to review the scope of work described in the Co-Chairs' proposal making notes of any additions or changes they might suggest. Voting on the scope of work for the four 2004 Committees will take place at the next Council meeting 02/12/04.

He pointed out that members were asked which Committee would be their first and second choices to serve on. He then explained that the Steering Committee balances members' choices and the Council's stated objective of achieving "*Parity, Inclusion and Representation*" (PIR). In some cases, he noted, some shifting around has taken place to ensure diversity on all Committees.

- Catherine Geanuracos stated that she is a member of the Community Advocacy and Outreach Committee at the CARE Council.
  - ⇨ Part of that Committee's scope of work is to link with this Council.
  - ⇨ She offered to share the language used by that Committee with the corresponding HPPC Committee.
  - ⇨ Israel Nieves-Rivera stated that this is the sort of activity that Committees should suggest as amendments to the proposed scope of work.

The Council then divided into the four Committees, with participation as follows:

	Membership/Community Liaison	Evaluation
1	Michael Cooley	Chata Ashley
2	Catherine Geanuracos	Ari Bachrach
3	Robert Gomez	Michael Discepola
4	Tamika Gonzales	Joani Marinoff
5	Renol Ratchford	Marcel Miranda
6	Andre Robertson	Perry Rhodes, III

	New Approaches to Prevention	Prevention with Positives
1	Teresa Betancourt	Barbara Adler
2	Gayle Burns	Matt Blanchard
3	Steve Gibson	Erick Brown

Draft HIV PREVENTION PLANNING COUNCIL Draft

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	New Approaches to Prevention	Prevention with Positives
4	Manny Grueso	Edward Byrom
5	Loris Mattox	Aaron Cohen
6	John Newmeyer	Keith Folger
7	Mike Schement	Thomas Knoble
8	Frank Strona	Ken Pearce
9	Edward Velasco	Tae-Wol Stanley

Israel Nieves-Rivera asked members to use the time allotted to agree upon a first meeting time/date, selecting interim Co-Chairs, and time permitting begin discussion of the scope of work. The following shows the initial meeting times/dates of the four Committees as well as the selected interim Co-Chairs:

Committee	Meeting	Interim Co-Chairs
Membership/Community Liaison	Tuesday, 01/20/04 1:00 - 3:00 PM	Michael Cooley Andre Robertson
Evaluation	Thursday, 01/22/04 1:00 - 3:00 PM	Perry Rhodes III
New Approaches to Prevention	Tuesday, 01/27/04 12:00 - 2:00 PM	Gayle Burns Loris Mattox
Prevention with Positives	Wednesday, 01/21/04 4:00 PM - 6:00 PM	Ed Byrom Keith Folger Steve Gibson

Summary, Evaluation, and Closure of Meeting

Israel Nieves-Rivera reminded members to complete the evaluation forms and return to Pamela.

Adjournment

The meeting adjourned at 5:50 PM.

Minutes prepared by David Weinman.

Minutes reviewed by Tracey Packer and Israel Nieves-Rivera.

Reminder: The next HPPC meeting will be held on Thursday, February 12th, 2004
City Hall, room 201

HIV Prevention Planning Council Meeting
Thursday, February 12, 2004
3:00-6:00 pm

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City Hall, Room 201
San Francisco, CA

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Agenda

02-02-04T02:[illegible]

Meeting called by Co-Chairs. Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	**Welcome, Introductions, Announcements, and Refreshments**	**Steven Tierney**
3:15 pm	**Review and Approval of Minutes of January 8, 2004** *VOTE*	**Steven Tierney**
3:20 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business	**Steven Tierney**
3:30 pm	**Member Response to Public Comment**	**All**
3:35 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. (*POSSIBLE VOTE*)	**Steven Tierney**
3:50 pm	**New Business/Input to the Parking Lot** Objective: To raise issues to be discussed on HPPC agendas for the year. The Parking Lot will be opened for February and March. The Steering Committee will then plan meetings based on the Parking Lot Items	**Steven Tierney**
4:05 pm	**HIV and Crystal Methamphetamine Use Panel and HPPC Discussion**	**Supervisor Bevan Duffy and Steven B Johnson (Stepping Stone Services of San Diego)**
5:15 pm	**Approval of Scope of Work**	**Steven Tierney**
5:30 pm	**Election of At-Large Members to Steering Committee**	**Steven Tierney**
5:40 pm	**Election of UCHAPS Representative**	**Steven Tierney**
5:50 pm	**Summary, Evaluation, and Closure of Meeting**	**Steven Tierney**

Note: All meetings are open to the public and are held in handicapped accessible facilities Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:

Evaluation: Thursday, February 5, 3:00-5:00 PM, 25 Van Ness Ave, 5th Floor
Membership/CLC: Monday, February 9, 3:00-4:30 PM, 25 Van Ness Ave, Suite 710
Prevention with Positives: Wednesday, February 18, 4:00-5:30 PM, 25 Van Ness, 5th Fl
New Approaches: Monday, February 23, 5:00-6:30 PM, 330A
Steering: Thursday, February 26, 3:00-5:00 PM, 25 Van Ness Ave, 330A
Full Council: Thursday, March 11, 3:00 – 6:00 PM, City Hall, San Francisco

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us

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- San Francisco

HIV PREVENTION PLANNING COUNCIL

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The next HPPC meeting will be held on **Thursday, March 11, 2004**
3:00 - 6:00 p.m.
Walden House, 1885 Mission Street, San Francisco, CA

SF
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2/12/04

Members Present:
Chata Ashley
Ari Bachrach
Teresa Betancourt
Matthew Blanchard
Edward Byrom
Aaron Cohen
Michael Cooley
Michael Discepola
Keith Folger
Catherine Geanuracos
Steve Gibson
Robert Gomez
Tamika Gonzales
Manny Grueso
Janetta Johnson
Thomas Knoble
Joani Marinoff
Marcel Miranda
John Newmeyer
Israel Nieves-Rivera
Renol Ratchford
Perry Rhodes III
Mike Schement
Gwen Smith
Tae-Wol Stanley
Frank Strona
Steven Tierney
Edward Velasco

Members Absent:
Barbara Adler
Erick Brown
Gayle Burns
Loris Mattox
Ken Pearce
Andre Robertson
Gail Sanabria

Process Evaluation Team:
Wendy Hussey

Guests
Eric Ciasullo - AIDS Office
Supervisor Bevan Dufty
Steven B. Johnson - Stepping Stone Services of San Diego
Jennifer Lorvick - Urban Health Study
Steven Oxendine
Jon Benarden - ISIS, Inc.
Jen Sarche - AIDS Office

HIV Prevention Section:
Vincent Fuqua
Joe Imbriani
Betty Chan Lew
Eileen Loughran
Tracey Packer
Lisa Reyes
Valerie Rose

Harder + Co.:
Dara Coan
Kym Dorman
David Weinman
Allison Weston

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Welcome, Introductions, Announcements, and Refreshments

Steven Tierney called the meeting to order at 3:10 PM. He welcomed attendees and apologized for the last minute change in venue. He explained that the Steering Committee would discuss changing the venue for the next several meetings.

- Steve Gibson announced that the '*Empress of SF*,' Chablis will host her 50th Birthday Party Sunday February 15th as a benefit for Magnet and Divas.
- Ed Velasco distributed information and announced two events sponsored by the Adolescent Health Working Group:
  - ⇨ Treating Adolescent Depression in the Primary Care Setting Provider, and
  - ⇨ Fourth Annual Adolescent Health Conference, a two-day event May 6-7, 2004.

  Information on both events is available on their Website www.ahwg.net.
- Teresa Betancourt asked people to contact her if they are interested in adopting a cat.

- Frank Strona announced that in the middle of March Walden House on Van Ness facility would be merged with the Hayes Street facility.
- He also announced that he is participating in the CDC Scholar Fellowship Program, his area of study is crack use among men.
  - ⇨ He noted that there isn't a lot of information currently available on this issue.
  - ⇨ He will be conducting assessments and asking if members have clients who are active crack users, or in recovery, and would be interested in being interviewed or participating in a focus group, to please contact him.
    - Participation is without regard to sexual activities and/or race.
    - His deadline is the middle of March 2004.
- Matt Blanchard announced that he and Renol Ratchford would be attending the Ryan White/National Youth AIDS Conference in Portland from February 13 through 16.
- Renol Ratchford announced that this was his first week as a Research Assistant at UCSF in the Adolescent and Pediatric Department.
- Marcel Miranda distributed the document entitled, "*San Francisco Monthly STD Report - Data for December 2003.*"
- He also announced a resumption of the Healthy Penis program, to include new media, commercials, and distribution of squeezable mascot models in a variety of colors.
- Keith Folger announced the 10th annual presentation of the Stop AIDS Project's "*I ♥ (Heart) Men*" program February 14-15 with Donna Sachet as the MC.
- Israel Nieves-Rivera announced that he has been chosen for the working group to develop CDC evaluation guidance.
- He also announced that AGUILAS has been chosen as one of the five Co-Chairs for this year's Pride events.
- Tracey Packer pointed out that Lisa Reyes had emailed members the Website address (URL) for the APLA report, "*Changing How We Think - HIV Prevention Policy in the US.*"
- Israel Nieves-Rivera noted that Gwen has been certified as a trainer in African-American HIV prevention - The "*SISTAS*" Program - proven as an effective intervention.
  - ⇨ Programs interested in bringing this to their agencies should contact Gwen Smith.
- Michael Cooley announced that the Stop AIDS Project does a "*PLUS*" seminar regarding positive living primarily focused on newly diagnosed people, but open to all.
  - ⇨ He is now conducting intakes for the next program which will start on 03/20/04.
  - ⇨ Since there is usually a waiting list, he asked attendees to have people they would like to participate to contact him at the Stop AIDS Project.

<u>Review and Approval of Minutes of January 8, 2004</u>

Motion was made and seconded to accept the minutes for the 01/08/04 meeting. Discussion followed.

- Israel Nieves-Rivera noted a typo in the version distributed to members:
  - ⇨ Page 7 reads, "*type D*" should read "*type E.*"
  - ⇨ He also noted that the error has been corrected on the file version.

There was no further discussion, other questions, or objections. The minutes were approved as amended without abstention.

HIV PREVENTION PLANNING COUNCIL
Minutes
February 12, 2004

General Public Comment

- Jennifer Lorvick of Urban Health Study shared highlights of the Urban Health Study with IDU.
  - ⇨ The 600 IDU participants had not had sex during the preceding six months.
  - ⇨ 13% had shared needles and 41% shared other equipment during that time.
  - ⇨ Despite a large volume of needle-exchange, over one-third of participants are still using the same needles three or more times.
    - Reusing one's own needles, she noted, is not an HIV risk, but is contrary to the '*One needle, one shot*' message that has been promoted.
- Jen Sarche of the AIDS Office's Research Section noted some people had expressed concern about two recently published articles:
  - ⇨ A story in "Science Magazine" referred to Phase 3 vaccine studies in Thailand as not a good use of limited resources; and
  - ⇨ A report on National Public Radio regarding the local PREP study.
- She distributed a document from the Research Section outlining ongoing and upcoming HIV prevention studies.
  - ⇨ She highlighted that the vaccine studies in SF are different than those being done in Thailand.
    - She added that several Phase 1 and Phase 1-2 studies start in spring '04, all with promising vaccines.
  - ⇨ The story on NPR, she pointed out, neglected to point out that the PREP study is a safety study and the researchers do not know:
      - * If Tenofovir will work as a prophylaxis,
      - * If HIV negative men will tolerate the drug well, and/or
      - * If the drug's use will change men's behavior.
    - She will bring members more information on the study as enrollment approaches (expected in June or July '04, but could be August or September '04).
  - ⇨ She invited members to contact her with questions about local research activities.

Member Response to Public Comment

The Co-Chair thanked the public participants and asked if members have questions or comments.

- Tae-Wol Stanley said that he found the numbers reported by Jennifer Lorvick alarming.
  - ⇨ He asked what was the percentage of HIV positive among the study's participants.
    - She responded that she didn't have the data with her, but that approximately 15% of IDU they see are HIV positive and 90% positive for Hepatitis C.
  - ⇨ He then asked if people being tested generally believe they are negative or positive.
    - She responded that there is a mix, some people come in to confirm a diagnosis from elsewhere, and others are seeking services unrelated to HIV.
  - ⇨ In response to Israel Nieves-Rivera's question Jennifer Lorvick stated she would forward the actual number/percentage of HIV positive participants in the study.

HIV PREVENTION PLANNING COUNCIL
Minutes
February 12, 2004

HPPC Co-Chairs/Steering Committee Report

Steven Tierney noted that while there hadn't been a Co-Chairs' meeting due to the crowded schedules of the members, some issues had arisen of particular interest to the Council, including:

- ⇨ Gavin Newsom, the new mayor of SF, while struggling to come to grips with the budget has expressed a commitment not to cut AIDS services or direct health care services.
  - There is, nonetheless, is a steep deficit and the budget is not settled.
- ⇨ Most members are familiar with the Evaluating Local Interventions (ELI) System, a data capture system created by the State in response to the CDC's requirements.
  - The CDC is now rolling out a new system, Processing Evaluation and Monitoring System (PEMS).
  - The two systems do not interface.
  - The CDC and State have committed to getting the systems to work together and so the lack of interface should not have an impact on local providers.
  - Some local directly funded agencies are in a pilot program using "*Baby PEMS*."
  - Ultimately, there will be a single system used.

Questions and Comments

- Chata Ashley asked if the City has committed to staying with ELI.
  - ⇨ Steven Tierney responded that it is too soon to make that determination.
  - ⇨ He added that if the State decides to abandons ELI the City will have to follow.
    - He noted, however, that there may be software available to enable the systems to work together, which is being explored by an outside consultant (Deloitte).
- Marcel Miranda stated that people like the scanning capabilities in PEMS.
- Israel Nieves-Rivera cited as a success that he recently saw an article on HIV in the paper the contents of which were previously known and reported to the Council.
  - ⇨ He pointed out a history of news reports before the Council was notified of the story.

New Business/Input to the Parking Lot

Steven Tierney stated that the Steering Committee decided to have the Parking Lot open to new recommendations only in February and March.

- ⇨ The reason for this decision is that in previous years the listed ended up with more issues than then the Council could deal with; the "*Parking Lot*" becomes the "*Graveyard*."
- ⇨ If something comes up that members wish to add to the agenda it should be presented to the Steering Committee rather than proposed to the Parking Lot at Council meetings.
- ⇨ He pointed out that in the bylaws the Steering Committee is charged with setting the agendas and that if something urgent arises it could be addressed through this process.

- John Newmeyer suggested for the Parking Lot a 15-20 minute presentation on risk behavior among IDUs from Alex Kral from the Urban Health Study.
  - As no objections were offered, this item will be referred to the Steering Committee for inclusion in future Council agendas.
- Joani Marinoff suggested Rafael Diaz to talk about interventions dealing with networking and community-level work.
  - As no objections were offered, this item will be referred to the Steering Committee for inclusion in future Council agendas.

- Steven Tierney suggested a panel discussion of directly funded agencies.
  - ⇨ He noted that nationwide there are currently 300 directly funded agencies, which the CDC has indicated it will reduce to 150.
  - ⇨ In SF, he pointed out, not only did six of the seven directly funded agencies reappy for funding there were a total of 14 applications.
    - As no objections were offered, this item will be referred to the Steering Committee for inclusion in future Council agendas.

<u>HIV and Crystal Methamphetamine Use Panel and HPPC Discussion</u>

Steven Tierney noted that the use of (Crystal) Methamphetamine had been discussed several times at Council meetings and was included on the 2003 Parking Lot. He provided an overview of the use of Crystal in relation to HIV, as follows.

- A study in LA showed that 80% of recent seroconverted HIV and Syphilis positive people had been using Crystal.
- In NY of those testing positive for HIV and Syphilis about 60% are Crystal users.
- San Francisco is also seeing a high correlation between HIV, Syphilis, and the use of Crystal, although the SFDPH is not as yet ready to release findings.
- The use of Crystal increases the user's Viral Load (VL).
  - ⇨ A study at UCLA suggests one reason is that Crystal users are less likely to maintain compliance with AIDS medicines.
  - ⇨ The higher the VL, the more virus one sheds, and the higher the change of transmission.
- An English study suggests Crystal use has a direct, negative effect on the immune system.
- Crystal is highly addictive and there is a significant occurrence relapse from treatment.
  - ⇨ Less than 5% of Crystal users in treatment remain clean and sober for 18 months.
- Many people use Crystal as a "*Party Drug*" but situational use often turns to chronic use.

Steven Tierney introduced the Honorable Bevan Dufty, Member of the SF Board of Supervisors. Supervisor Dufty thanked the Council for its continuing work. He stated that he has often spoken up about the effects of Crystal in the community and in relation to HIV. He observed that Crystal is one of the topics that is continually reintroduced by constituents. He highlighted Crystal's impact in his district, which includes the Castro.

- The Castro is one of the neighborhoods that has been highly impacted by Crystal use.
- The recent adoption of Gay marriage may spark hundreds or thousands of new arrivals to that neighborhood.
  - ⇨ While The Castro has long been a '*Mecca*" to Gay men the neighborhood needs to be more that a tourist spot.
  - ⇨ The City needs to address that it is not prepared to help a new wave of arrivals cope with the perils of living in SF, including the rampant use of Crystal.
- The Castro needs to ensure there is a place for new arrivals, and particularly young people, to get a foothold in SF.
  - ⇨ Rather than exporting its young people to other neighborhoods he suggested finding ways of providing accessible housing in the Castro area.
  - ⇨ He hopes to find private funding for some in-neighborhood housing, particularly in light of the City's current budget crisis.
- He pointed out a number of recent positive developments in the Castro, including:

- ⇨ Local merchants have been very supportive,
- ⇨ The LGBT Center has found an important role to play regarding young people, and
- ⇨ They are the beginnings of a neighborhood economic development organization.

- He highlighted that there is a lot of commerce related to the community that needs to be part of the solution to the difficulties being faced.
- HIV prevention, he emphasized, needs to be seen in the broadest sense, including: job training, substance abuse treatment, healthcare, and housing.
  - ⇨ Such services need to be both available and appropriate.
- The City, he suggested, needs a campaign regarding Crystal use.
- Agencies need to be challenged to address the use of Crystal and its impact on HIV.
  - ⇨ He noted that although "The Advocate" is doing a small article and local media has done some reporting regarding Crystal, all media needs to be encouraged to do a lot more.
- He concluded by stating that the federal government also needs to be lobbied.

The Council expressed its thanks to Supervisor Dufty.

Steven Tierney introduced Steven B. Johnson, of Stepping Stone Services of San Diego. San Diego (SD) government, he noted, has been slow in responding to the Crystal epidemic. Like SF and NYC, SD has been facing a budget shortfall and could not be convinced to fund a new program. Funding from the CDC was not an answer, as it would severely restrict permissible messages. Although told that it couldn't be done, Steven Johnson put together a Crystal Harm Reduction program in SD by raising private funds.

- In way of background, Steven Johnson explained that he started his activism with ACT UP in Seattle, WA working with the downtown needle exchange in 1989.
  - ⇨ He remains strongly committed to the Harm Reduction model.
  - ⇨ Five years ago he moved to SD and took a position with the SD AIDS Foundation.
  - ⇨ He observed that the two cities are polar opposites particularly as regards HIV and substance abuse Harm Reduction.
  - ⇨ He agreed to serve on the Board of Stepping Stone.
- He conducted the presentation entitled, "*Crystal Meth Use Among MSM in San Diego County / A Summary of Key Recovery and Prevention Initiatives at Stepping Stone*" a copy of which is being separately provided to members. The following provides some highlights of his remarks not included in the presentation.

<u>History & Background of Stepping Stone</u>

- ⇨ For two years, as Board Chair, he attempted to keep the focus on why clients are there; not just substance abuse treatment.
- ⇨ He noted that he was the only Board member with any background in HIV prevention.
- ⇨ Stepping Stone was originally formed to deal with alcoholism and has expanded into other substance abuse treatments.
- ⇨ Currently, 60-70% of clients sought treatment for Crystal use.
- ⇨ The program's demographics closely mirrors that of SD County.

<u>Co-Occuring Conditions & Responses</u>

- ⇨ Most of the people using Crystal do not know their serostatus.
- ⇨ The SD community has been very supportive of people making a new start as a result of treatment including for job placement and housing.

- Mental health case management includes referrals to other providers for treatment, as well as medication.
  - As a result, the dropout rate has reduced from 9-15 per month to a current 1-2.
- Co-factors (Co-Occurring Conditions) lead to the following three initiatives/programs.

One: Dual Diagnosis Program

- Most staff had been in recovery, but didn't necessarily understand mental health issues and so were given training and new staff was hired with mental health expertise.
- Work on the success of this initiative is being published and will be widely distributed.

Two: Sexual Behavior Program

- The major cause of failure in Crystal abuse treatment has been clients' sexual behavior.
  - The use of Crystal plays a huge part of many users' sexual activity.
- Prior to the program's inception, clients who engaged in sex – including masturbation – were removed from the facility.
- The model was to encourage honesty but at the same time punish disclosure.
- Now surveys of clients are conducted.
- In order to reduce the prospect of HIV transmission the program includes a component teaching clients how to negotiate sexual activity while maintaining sobriety.

Three: Harm Reduction Social Marketing Campaign

- Although treatment services have been successful, Steven Johnson advocated for a Harm Reduction campaign so as to intervene before the need for such services.
- In SD, he observed, there has been little talk about substance abuse in the MSM community – even in the face of drug induced fatalities.
- The SD Board of Supervisors, which controls the county's health budget, is comprised of five Republicans without term limits.
  - Their animosity toward Harm Reduction was illustrated by a threatened withdrawal funding for need exchange.
- In response to political restrictions, Stepping Stone raised funds privately.
  - After raising $50K with an offer for another $25K they partnered with the Gay & Lesbian Center, which is funded for mental health services.
- They produced postcards, posters, and advertisements.
  - Negative reaction included from bathhouse operators who claimed the campaign insinuated that the clubs were contributing to customers' deaths.
- Social Marketing Campaign was in two phases:
  - The first dealing with "*Party Drugs,*"
  - The second dealing specifically with Crystal.
- Focused on non-needle users (non-IDU).
- An objective of the campaign was to lessen the number of people migrating from "*Social*" to "*Binge*" use.
- Prior to producing and distributing the media a survey was conducted to identify the most effective locations for distribution.
  - Steven Johnson stated that he believes the percentage of men finding sexual partners on the Internet is significantly higher than the 13.2% reported.

- ⇨ Steven Johnson conveyed how saddened he became when hearing a clearly troubled HIV positive survey participant explain that what he liked about using Crystal was that it helped him bareback.
- ⇨ Both focus groups rated HIV as their number one health concern.
  - However, when they are high participants also stated they do not think about HIV.
- ⇨ Decision was made that the messages would follow a Harm Reduction model and inform users that appropriate help is available.
- ⇨ Regarding some of the media examples provided:
  - "*Wanna Party?*" was the first in the series and is a straight forward HIV message;
  - "*From my first high, I fell in love*" is an actual quote from a focus group participant
    - The wording used was, "*If you'd like to use less…*" as opposed to, "*When you are ready to stop.*";
- ⇨ "*Crystal and sex*" is meant to convey that sex while using Crystal is not about romance
  - Many people thought the text, "*Set limits and stick to them*" unrealistic, but Stepping Stone's experience shows that Crystal users can set and maintain limits, even within their Active Users' group; and
- ⇨ The *Internet* ad uses the screen of an actual website with the site name obscured
  - The website owners contacted Steven Johnson, told him that they loved the ad, said they wished the site name hadn't been obscured, and made a $1,500 contribution.
- ⇨ The SD Health Department discussed cutting Stepping Stone's budget in an amount they believed equal to the cost of the Social Marketing Campaign.
- ⇨ Steven Johnson also shared copies of similar media; including a Harm Reduction brochure entitled, "*Crystal Meth, How it Affects Your Body.*"
  - It discusses topics such as: dental health, how the drug reacts in people's bodies, what to expect when high – but not why one should stop using.
  - About 10,000 were distributed and it is available as a PDF (Adobe Acrobat) file on Stepping Stone's website (www.steppingstonesd.org).
- ⇨ He noted that outreach workers were not allowed to discuss the campaign if they were paid by a SD County grant, therefore some of the money raised had to be earmarked for staff to answer questions about the media.
- ⇨ One of the biggest goals of the campaign was to get people to talk about Crystal.
- ⇨ A copy of the final evaluation including survey data pre, during and post campaign will be available after presentation of the findings during the week of 02/16-20/04.
  - A copy of the presentation's Executive Summary will be emailed to the SF AIDS Office to be distributed to members.
- ⇨ A lesson learned was the value of targeting female friends of men addicted to Crystal.

<u>Questions and Comments</u>

- Renol Ratchford asked if there was a curriculum for the Sexual Behavior Program.
  - ⇨ Steven Johnson stated that the program is still in the development process.
    - It is a three-year process with the first year developing the curricula, the second implementing and evaluating, and the third distributing and sharing the program.
      - He offered to put Renol Ratchford in contact with the people working it.
  - ⇨ He also observed that while Stepping Stone is expert in substance abuse treatment, there is no work being done in SD on Gay health, per se.

- ⇨ The SD Health Department, he pointed out, doesn't identify Crystal as an HIV driver, although non-injection Crystal users are just as likely to be positive as injection users.
- Renol Ratchford then asked if the Sexual Behavior Program could be implemented around issues other than substance abuse.
  - ⇨ Steven Johnson responded that when complete the program might be applicable to populations other than substance abuse.
- Robert Gomez asked how the Latino community responded to the campaign.
  - ⇨ Steven stated that there was an intention to have a Latino specific campaign, but that hasn't happened yet.
- Tae-Wol Stanley asked how to apply Harm Reduction to a residential program.
  - ⇨ Steven Johnson responded that firstly they no longer throw people out for having sex.
  - ⇨ The Sexual Behavior Program, he continued, grew out of not knowing how to deal with sexuality a residential environment, and recognizing that abstinence was not working.
  - ⇨ The Harm Reduction component of the program is about having safe sex and the curriculum involves helping residents negotiate safer practices.
- Tae-Wol Stanley then asked about stopping drug use.
  - ⇨ Steven Johnson responded that in the residential program people must stop drug use; but there is a new, non-residential program in which clients may still be actively using.
    - He emphasized that there needs to be Harm Reduction programs for people who are not yet ready to stop using.
    - He added that currently there is only one program addressing the needs of active users – which amounts to little more than a Band-Aid.
- Mike Schement asked how the program helps clients on setting limits.
  - ⇨ Steven Johnson noted that the non-residential programs are not funded to provide Harm Reduction counseling, and that clients are given the brochure, "*Crystal Meth, How it Affects Your Body*."
- Michael Discepola thanked Steven Johnson for the work he has been doing in SD.
    - He noted that the AHP REACH program is also dealing with Harm Reduction and helping people in early recovery negotiate safer sex.
    - He added that this year the REACH program is looking at expanding into other subpopulations and helping incorporate negotiating safer sex into other programs.
  - ⇨ Steven Johnson said that their data clearly states that mental health and sexual behavior programs have a profound effect on both HIV prevention and sobriety.
- Frank Strona remarked that Walden House does not throw people out for having sex adding their recognition that sexuality and libidinal change is a normal part of recovery.
- Frank Strona also discussed how Walden House follows-up with residential clients that are referred to other programs.
- Marcel Miranda stated that the presentation highlights the need to expand the limits of prevention to include substance abuse treatment and psycho-social support.
- He cited a recent dramatic increase in STD tests and in the PEP program.
  - ⇨ He noted that people coming in for PEP are relating more incidence of substance use, particularly Crystal.
  - ⇨ He emphasized that addressing the use of Methamphetamine needs to be a priority.
- Supervisor Dufty stated that SF needs different models of treatment, including residential treatment programs, and programs focused on youth.

- ⇨ He suggested a "*Treatment Continuum*" that provides support in treatment, through transitional housing, and in dealing with the factors that contributed to people's addiction in the first place.
- ⇨ The information shows, he added, that services need to merge the cultures of substance abuse and behavioral health.

- Steven Tierney noted that in Olaf House if people have sex of any kind during the six-month program they are asked to leave.
  - ⇨ He reiterated the conflict between the treatment principle of being "*Rigorously honest*" and the consequences to participants who are forthcoming about engaging in sex.
  - ⇨ He suggested that with the known connection between Crystal and sex there is a need for a new service model with an HIV prevention focus.
- Israel Nieves-Rivera asked if he could help persuade members of the SD Health Department of the values of risk reduction programs.
  - ⇨ Steven Johnson offered to make separate contact with him on this.
- Israel Nieves-Rivera asked what the SF Health Departments is doing, other than testing, with its 5% set-aside designated for HIV prevention.
  - ⇨ Supervisor Dufty said that he has repeatedly asked that question, but has not as yet gotten very good answers.
  - ⇨ Steven Tierney added that at one point the Health Department directed Supervisor Dufty to contact him.
- Matthew Blanchard stated that it would be helpful if members could have contact information for the people at Stepping Stone who are actually developing curriculum.
  - ⇨ Steven Johnson stated that the person working on treatment program is Michael Wood, and that contact information is on the website (www.steppingstonesd.org).
- Michael Schement suggested establishing something like Delancy Street, where people coming out of treatment can get jobs, transition back into society, and stay off drugs.
- Supervisor Dufty remarked that he and Tom Lynch have met with Jewish Vocational Services (JVS) regarding job placement and Neighborhood Economic Development.
  - ⇨ He noted that there are many untapped resources available in the community.
  - ⇨ He pointed out that there are a lot of talented people in the community that haven't been able to do work specifically for the community.
- He pointed out that work has commenced with the LGBT Community Center to put together new service models that include substance abuse treatment, job training & placement and affordable housing services.
  - ⇨ While dismissing the perception of the community as, "*Two white boys with a checkbook,*" he stated that developing and funding these programs may have to come, in large part, from within the community.
- Steven Johnson offered that Stepping Stone uses business owners who are also graduates of their program, particularly for job reentry programs.
  - ⇨ Treatment graduates, he added, need supportive and knowledgeable bosses.
- Israel Nieves-Rivera suggested the Steering Committee discuss the restrictions placed on the Stepping Stone by the SD Health Department with the State AIDS Office.

The Council expressed its gratitude to Supervisor Dufty and Steven Johnson.

HIV PREVENTION PLANNING COUNCIL
Minutes
February 12, 2004

2004 Scope of Work

Steven Tierney provided introduction and background to the Council's scope of work for 2004.

- He pointed out that the 2004 Plan is now online in text format and that the printed version will be available in April.
- He also pointed out that Dara Coan will be leaving Harder & Company and her association with the HPPC in April.
  - ⇨ Without her help, he added, the Council wouldn't have had a Plan in either 2001 or 2004.

The Council expressed its gratitude to Dara with a standing ovation.

- Steven Tierney observed that SF has once again put together a complete and comprehensive HIV prevention Plan in the country.
- The Council, he explained, is charged with both the creation and implementation of Plans.
- In 2003 the Council also adopted the San Francisco Leadership Initiative (SFLI) which will need to be part of the 2004 scope of work.
- The Steering Committee established four committees to address the year's work.
- He explained that the 2004 Committees address the issues from the Plan and the SFLI.
- He also explained the Council's part in the allocation of resources process includes:
  a) Creation of the Prevention Plan – which took place in 2003;
  b) Community/provider training regarding the use of the Plan; and
  c) The issuance of Requests for Proposals (RFPs) for the services called for
     - This should go out at the end of this fiscal year, or the beginning of the next.
     - Thereafter providers make application and appropriate programs funded.

Steven Tierney provided some overview of the Committees' objectives and asked the respective Co-chairs to discuss what is being worked on.

1. Membership/Community Liaison Committee
   - ⇨ Steven Tierney explained that this Committee's responsibilities include:
     - Recruiting new members,
     - Ensuring parity in participation and representation in the Council,
     - Continuing the HPPC practice of the past couple of years of meeting in the diverse neighborhoods to facilitate community participation in the planning, committee, and resource structure of the Council.
   - ⇨ Catherine Geanuracos, Committee Co-chair added that the Committee is working on:
     - Community training on the use of the new Plan,
     - Annual diversity training, and
     - Coordinating with the CARE Council.
2. Evaluation Committee
   - ⇨ Perry Rhodes III, Committee Chair, explained that some of what they will be working on includes:
     - Strategic questions to be included in the RFP,
     - Referral tracking, and
     - Evaluation processes and program effectiveness.
3. New Approaches in Prevention Committee,
   - ⇨ Joani Marinoff, Committee Co-chair, noted that the Committee is prioritizing and categorizing its strategies.
     - She noted that members seem to have interest in aspects of new approaches that weren't specifically contemplated in the Steering Committee's brief.

4. Prevention with Positives Committee
   - ⇨ Edward Byrom, Committee Co-chair explained that this is a collaborative committee comprised of HPPC and CARE Council members, as well as community members.
   - ⇨ The Committee began by exploring what Prevention with Positives looks like from the different perspectives.
   - ⇨ At their next meeting, he added, they expect to draw up an agenda for the 2004 term.
5. Steering Committee
   - ⇨ Steven Tierney explained that this is a standing committee comprised of either the Chair or one of the Co-chairs of each Committee, the three Council Co-chairs, and two At-Large members.
   - ⇨ It is primarily charged with setting the agenda for Council meetings.
     - This is done by members bringing issues that need the Council's attention,

Motion was made and seconded to accept the establishment of those five committees as the scope of work for 2004. There was no further discussion and no objections were raised. The motion passed without abstention.

Election of At-Large Members to Steering Committee

Steven Tierney noted that nominations were solicited for the role of At-Large members of the Steering Committee. Three nominations were received: Barbara Adler, Frank Strona, and Ari Bachrach. Ari Bachrach has declined. He asked for additional nominations.

- Chata Ashley nominated himself.
- There were no other nominations.
- The candidates were invited to address the Council.
  - ⇨ Frank Strona stated that participation on the Steering Committee without representing the views of a committee allows for the airing of diverse views and can provide different perspectives to go back to the committees.
    - He noted that he served on the Steering Committee last year as a Committee Co-chair and looks forward to being able to provide a unique viewpoint during this year.
  - ⇨ Chata Ashley stated that he has served on the Steering Committee before.
  - ⇨ Barbara Adler was not in attendance but her qualifications for membership were explained by Israel Nieves-Rivera who had nominated her.
    - He explained that one-third of the Council's funding is for testing, and he wanted to ensure that testing programs' perspectives were heard from.
    - He also noted that Barbara Adler is also a good leader.

Steven Tierney pointed out that its bylaws require the Council's vote to be in public and part of the record. Vote was taken by roll call.

- ⇨ Teresa asked how many women are on the Steering Committee and was told two.
- ⇨ The final numbers are 25 for Barbara Adler, 23 for Frank Strona, and 2 for Chata Ashley.

Barbara Adler and Frank Strona were elected to the Steering Committee as At-Large Members.

HIV PREVENTION PLANNING COUNCIL
Minutes
February 12, 2004

Election of UCHAPS Representatives

Steven Tierney provided background of SF HPPC's membership in the Urban Coalition for HIV/AIDS Prevention (UCHAPS).

- The six cities directly funded by the CDC each have two community and two government representatives with an alternate for each category.
- UCHAPS requires the community representatives to be members of the local HIV Prevention Planning Council.
- Traditionally, SF HPPC's two community Co-Chairs represented SF.
- In 2003, due to other CDC obligations, Israel Nieves-Rivera chose not to serve on UCHAPS.
  - ⇨ Michael Discepola served as representative with Israel Nieves-Rivera the alternate.
- The 2003 term has expired and the Council needs to elect a new community representative and alternate.
  - ⇨ Gwen Smith, Community Co-Chair, will continue as the other community representative.
- The time commitment involves:
  - ⇨ Monthly meetings of the committee the representative serves on (by phone), and
  - ⇨ Quarterly meeting in person.

Steven Tierney asked for nominations, which were offered as follows:

For Representative	For Alternate
❖ Manny Grueso	❖ Michael Discepola
❖ Israel Nieves-Rivera	❖ Israel Nieves-Rivera

There were no further nominations and no further discussion. Vote was by roll call:

- ⇨ The final numbers are 13 for Israel Nieves-Rivera and 11 for Manny Grueso.

Israel Nieves-Rivera was elected UCHAPS Community Representative. His name was withdrawn from consideration as Alternate Community Representative. Michael Discepola was, therefore, elected Alternate Community Representative without objection.

Summary, Evaluation, and Closure of Meeting

Steven Tierney reminded members to complete the evaluation forms.

Adjournment

The meeting adjourned at 5:45 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Tracey Packer.

Reminder: The next HPPC meeting will be held on Thursday, March 11th, 2004
Walden House, 1885 Mission Street, San Francisco, CA.

HIV Prevention Planning Council Meeting
Thursday, March 11, 2004
3:00-6:00 pm

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Cesar's Hall, 3rd Floor
San Francisco, CA

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Agenda

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	**Welcome, Introductions, Announcements, and Refreshments**	**Gwen Smith**
3:15 pm	**Review and Approval of Minutes of February 12, 2004** *(VOTE)*	**Gwen Smith**
3:20 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**Gwen Smith**
3:30 pm	**Member Response to Public Comment**	**All**
3:35 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. *(POSSIBLE VOTE)*	**Gwen Smith**
3:50 pm	**New Business/Input to the Parking Lot** Objective: To identify issues to be discussed on HPPC agendas for the year. The Parking Lot will be opened for February and March only. The Steering Committee will then plan meetings for 2004 based on the Parking Lot items. *(VOTE)*	**Gwen Smith**
4:05 pm	**Reaching Male-to-Female Transgender Communities: A Panel Presentation** Objective: To increase knowledge and understanding the prevention issues affecting MTF transgendered communities. As a result of the presentations, the HPPC can take any of three options: 1) set a specific priority for this population; 2) prioritize research needs; 3) refer an action item to a committee • **Report on the Rapid Assessment Conducted with African Americans: Valerie Rose and Susan Scheer, SFDPH AIDS Office** • **Report on Needs Assessment with Transgender Sex Workers: Dara Coan, Harder+Company** • **Transphobia, Social Stigma and HIV Risk: A Report from a Behavioral Risk Study on MTF Transgenders: Joanne Keatley, Center for AIDS Prevention Studies (CAPS)** • **Transgender Cultural Competency Training Project: Christopher Gortner, SFDPH AIDS Office (during announcements)**	
4:50 pm	***Break***	

5:00 pm	**Reaching Transgender Communities: Discussion and Recommendations** *(POSSIBLE VOTE)*	**All**
5:30 pm	**Review and Discussion of the new CDC Community Planning Guidance** Objective: To review changes in community planning requirements in the 2003-2008 guidance issued by CDC.	**Gwen Smith/Co-Chairs**
5:50 pm	**Summary, Evaluation, and Closure of Meeting**	**Gwen Smith**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:

Membership/CLC: Monday, March 8, 3:00-4:30 PM, 25 Van Ness Ave, 330B
New Approaches: Tuesday, March 16, 11:30-1:00 PM, 330A
Prevention with Positives: Wednesday, March 17, 4:00-5:30 PM, 25 Van Ness, 330A
Steering: Thursday, March 25, 3:00-5:00 PM, 25 Van Ness Ave, 330A
Evaluation: Thursday, April 1, 3:00-5:00 PM, 25 Van Ness Ave, 330B
Full Council: Thursday, April 8, 3:00 – 6:00 PM, TBA

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us.

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

HIV PREVENTION PLANNING COUNCIL
Minutes
March 11, 2004

The next HPPC meeting will be held on **Thursday, April 8, 2004**
3:00 - 6:00 p.m.
San Francisco City Hall, Room 201, San Francisco, CA

Members Present:
Barbara Adler
Ari Bachrach
Teresa Betancourt
Matthew Blanchard
Erick Brown
Gayle Burns
Edward Byrom
Michael Cooley
Michael Discepola
Keith Folger
Catherine Geanuracos
Steve Gibson
Tamika Gonzales
Manny Grueso
Janetta Johnson
Thomas Knoble
Joani Marinoff
Loris Mattox
Marcel Miranda
John Newmeyer
Israel Nieves-Rivera
Ken Pearce
Perry Rhodes III
Andre Robertson
Gail Sanabria
Gwen Smith
Frank Strona
Steven Tierney
Edward Velasco

Members Absent:
Chata Ashley
Aaron Cohen
Robert Gomez
Renol Ratchford
Mike Schement
Tae-Wol Stanley

Harder + Co.:
Dara Coan
Kym Dorman
Hieu Ngo
David Weinman
Allison Weston

Guests
Bartholomew T. Casimir - Ark of Refuge
Angie Dillon-Shore - Larkin Street Youth Center
Christopher Gortner - AIDS Office
Amber Gray - Ark of Refuge
Joanne Keatley - Center for AIDS Prevention Studies (CAPS)
Joaquin Sanchez - AHF Magic Johnson Clinic
Jen Sarche - AIDS Office
Susan Scheer - AIDS Office
Ken Vail - TARC

HIV Prevention Section:
Vincent Fuqua
Betty Chan Lew
Tracey Packer

Process Evaluation Team:
Kathleen Roe

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Welcome, Introductions, Announcements, and Refreshments

Gwen Smith called the meeting to order at 3:12 PM. She reminded attendees of the rules for Walden House and thanked them for the use of the hall; Council joined her in expressing appreciation.

She asked attendees to introduce themselves and make appropriate announcements. The icebreaker question was, '*On a day as beautiful as this where would you like to be if you could be anywhere.*"

- Catherine Geanuracos announced that the Health Services Planning Council (CARE Council) learned that SF, San Mateo, and Marin Counties will have significant federal Title One funding cuts.
  - ⇨ While the full extent of the cuts are as yet unknown, she stated that the CARE Council plans to reduce services based on their pre-existing list of priorities, where the first cuts will come from their lowest priority and then up the list, as necessary

- She added that several categories of services would probably be completely eliminated.
- Some providers, she noted, would determine what will be cut, particularly where only a part of their funding comes through the CARE Council.

⇨ The CARE Council issued a media release a copy of which was distributed.
⇨ She added that although the cuts are effective as of 03/01/04 their planning anticipated change and there will be a several month transition period.

- Marcel Miranda stated that he would have more "*Healthy Penis*" toy/models at the next Council meeting as part of the ongoing syphilis awareness campaign.
  ⇨ He also announced on 03/18/04 the "*Syphilis partner packs*" will be available.
    - He explained that a pocket-sized cardboard box has replaced the brown paper bag used in the past, but will still contain a gram of Erythromycin.
  ⇨ On 03/23/04, he continued, the billboards of this campaign will go up at BART stations.
  ⇨ He stated that 50 people auditioned for the voices of the '*Health Penis*', and '*Bill the Sore*' to be used in advertisements commencing in April 2004.
- Steven Tierney asked if there are concerns regarding Erythromycin-resistant syphilis.
  ⇨ Marcel Miranda noted that SF is in the middle of a syphilis epidemic, and that Erythromycin is and has been the standard treatment.
  ⇨ He added that the STD Department would nonetheless be trying a number of approaches to letting people know about drug-resistant strains of syphilis.
- Israel Nieves-Rivera asked if there was anything in the package to encourage people to get tested after taking the antibiotic, or if it is a "*Take it and go*" approach.
  ⇨ Marcel Miranda stated that such encouragement is important and would be given.
- Marcel Miranda stated that he would e-mail the February 2004 STD statistics to members.
- Gwen Smith announced an upcoming conference on HIV/AIDS and Crystal Methamphetamines (Crystal) for health service providers on April 1, 2004.
  ⇨ The curriculum, she noted, includes HIV training; exploration of increased HIV infection in connection with the use of Crystal; as well as prevention and treatment strategies.
  ⇨ She expressed concern that the HPPC hadn't been notified about the conference.
  ⇨ Gwen Smith also noted that copies of the announcement would be available from HPS professional staff upon request.
- Barbara Adler announced that the AIDS Health Project has been funded to continue to provide mobile STD services through June.
  ⇨ She noted that they would be starting a pilot program for self-administered rectal gonorrhea, which ultimately may be available to other service providers.
- Michael Cooley announced that the Positive Living program announced at the 02/11/04 Council meeting is full.
  ⇨ He thanked members for sending referrals, and that additional referrals will be for the waiting list for the June program.

<u>Review and Approval of Minutes of February 12, 2004</u>

Motion was made and seconded to accept the minutes for the 02/12/04 meeting. There was no further discussion, questions, or objections. The minutes were approved without abstention.

Draft HIV PREVENTION PLANNING COUNCIL Draft

Minutes

March 11, 2004

General Public Comment

- Amber Gray from Ark of Refuge announced a gospel music concert entitled, "*One Voice: Gospel Music Artists Respond to AIDS*" on Monday, 03/22/04 at the Herbst Theatre.
  - ⇨ The event is a benefit for the Yvette A. Flunder Foundation's mission to ameliorate the HIV/AIDS pandemic across the US and in sub-Saharan Africa.

Member Response to Public Comment

- Gwen Smith noted that Amber Gray was a member of the HPPC during the 2002 term.

HPPC Co-Chairs/Steering Committee Report

Gwen Smith noted that the Co-Chairs' Report was distributed by e-mail and will not be reviewed in detail at this meeting. She asked Steven Tierney to provide an update on the budget process.

- Steven Tierney announced that the Mayor's budget for the Health Department was due to be announced 03/13/04.
  - ⇨ The expectation is for funding to be level, at last year's base rate.
  - ⇨ This is a $1M reduction because last year's cut (of $1M) was reinstated by the Board of Supervisors as an, "*add back*" which, as such, does not change the Department's base.
  - ⇨ If the budget is proposed with a $1M cut, there will be an appeal to the Supervisors to once again reinstate it as an add back.
- The CDC funding cut for prevention will be less than 1%, or about -$60K from a $10M total allocation.
- The California HIV Prevention Planning Group (CHPG) allocation is actually higher by approximately $100K than last year's due to a change in the calculation.
  - ⇨ He noted that Gail Sanabria, Frank Strona and he are members of the CHPG.
- On April 28-29th the CHPG, which handles both CARE and Prevention Council issues, will meet in SF at the Holiday Inn (Van Ness Avenue and California Street).
  - ⇨ The meeting is open to the public, and is an opportunity to see what the State is doing on issues such as CARE and Prevention integration, Prevention with Positives, the Gay Men's Health Initiative, and STD and HIV integration.
- The SFDPH HIV Prevention Section RFP for local services is now anticipated to be distributed in early 2005.
  - ⇨ Current contracts will be continued until services under the new RFP begin (July 2005).
  - ⇨ The timing is partly a result of the Council and other efforts reviewing outcome measurements, changes in the definition of services, and rethinking what is being done.
    - The new CDC initiative requires some changes in the way prevention is done.
- The CDC is still working on a new set of indicators to be recorded on the Performance Evaluation Management System (PEMS).
  - ⇨ PEMS, however, is still in development and does not as yet actually exist.
  - ⇨ The CDC and State have guaranteed that PEMS and ELI will interface smoothly and providers will be able to continue inputting through ELI.
    - The pledge may be problematic and there have been numerous conference calls and advisories on this topic.

- The CDC is expected to directly fund half as many Community Based Organizations (CBOs) at twice the amount as they have in the past.
  - ⇨ There are currently seven directly funded CBOs in SF.
  - ⇨ Decisions regarding directly funded CBOs were due at the beginning of March, but the CDC received twice as many applications as anticipated.
    - The decision is at the "*second level*" which involves site visits to agencies.
    - The CBOs that have made it to this level, however, have not as yet been notified.

Questions and Comments

- Michael Discepola noted that last year the HPPC developed guidelines to manage funding cuts and asked if they should be distributed.
  - ⇨ Steven Tierney stated that the Steering Committee decided to wait until the budget is announced rather than panicking providers before knowing the size of the cuts, if any.
    - He noted that last year a lot of time and effort was put into the Resource Allocation Working Group to deal with potential cuts.
    - He also pointed out that currently there is a $60K reduction from the CDC, and a $100K enhancement from the State, or a net increase of $40K.
    - While funding cuts may yet come from the City, the budget is a work in progress.
- Israel Nieves-Rivera stated that flat funding coupled with increased administration costs amounts to a reduction in services.
  - ⇨ He pointed out that implementing PEMS and the CDC's new initiative both add to administration costs.
  - ⇨ Steven Tierney responded that the details of what the CDC requires are not yet settled, and that if the changes required additional administrative staff it will be negotiated as part of the contract award process.
- Steven Tierney responded affirmatively to Michael Discepola asking if the process agreed upon by the Working Group would be the one used to handle any potential cuts.
- Ken Pearce asked if an agenda or schedule is available for the CHPG.
  - ⇨ Steven Tierney responded that it would be distributed to Council members once decided upon by the CHPG Steering Committee at its meeting 03/12/04.

New Business/Input to the Parking Lot

Gwen Smith reminded members that that it was agreed that the Parking Lot would be open for addition of new items from Council meetings during February and March only. Other new items could, however, be added to the Parking Lot through suggestions made to and accepted by the Steering Committee. She invited members to make suggested additions to this year's Parking Lot.

- Keith Folger suggested data collection challenges of the ELI system; including privacy issues and invoicing.
  - ⇨ Michael Discepola stated that because ELI is seriously flawed – including difficulty making changes, getting support, and generating reports added – that as part of this item, the HPPC evaluate moving directly to PEMS.
    - He added that due to PEMS features, flexibility, and support the Council should determine if local providers should move directly to it.
    - The results of the evaluation, he added, should also be reported to the State.

- ⇨ Ari Bachrach asked why anything should be done locally if the State and CDC have committed to making PEMS and ELI compatible.
  - Steven Tierney recommended the issue go to the Evaluation Committee.
    - He provided some background regarding the creation of the data collection system in response to CDC's requirement (ELI) including the CDC's reversal that requires data be collected in their system (PEMS).
    - Because the effort to create ELI was so large, the CDC has committed to making the systems compatible without impact to the end-users.
  - What he hears from members, he added, is that they don't trust the process of integrating the systems.
- ⇨ Perry Rhodes III said that the Evaluation Committee has started working on this topic.

- Janetta Johnson suggested a 25-30 minute presentation from some of the transgendered clients from Walden House who have benefited from the HIV prevention services.
  - ⇨ She added that it would be valuable to hear their experience as service recipients.
  - ⇨ She also said that hearing how much these services have helped would be encouragement to members, reminding them that their work hasn't been in vain.
- Andre Robertson suggested inviting the Center for AIDS Prevention Studies (CAPS), or others, to make a presentation on studies of African-American MSM in or around SF.
  - ⇨ If there were no such research, he added, a presentation as to why would be appropriate.

Gwen Smith asked for was additional input, none was offered. She reviewed the proposals made:

1. Challenges with ELI;
2. A presentation from the transgendered clients at Walden House; and
3. A presentation on studies of African-American MSM in or around SF.

- Joani Marinoff asked about the procedure to deal with the Parking Lot.
  - ⇨ Steven Tierney explained that the vote is to send all three proposals to the Steering Committee where disposition of each item will be dealt with.

The vote to include the three proposals in the Parking Lot was by show of hands:

Yes	29
No	0
Abstain	0

The proposed additions to the Parking Lot were accepted unanimously.

- Erick Brown asked about the status of old items on the Parking Lot.
  - ⇨ Steven Tierney explained that the 2004 Parking Lot is comprised of the items accepted at this and the 02/12/04 meetings, and will be published with the minutes as follows:
    1. A presentation on risk behavior among IDUs from Alex Kral of the Urban Health Study;
    2. A presentation from Rafael Diaz on interventions dealing with networking and community-level work;
    3. A panel discussion of directly funded agencies and the CDC's intention to cut the number of recipients;
    4. Challenges with ELI, including an evaluation of moving directly to PEMS;
    5. A presentation from the transgendered at Walden House; and
    6. A presentation on studies of African-American MSM in or around SF.

- ⇨ He added that the Co-Chairs would like to avoid the Parking Lot becoming a, "*graveyard by keeping it focused.*"

Reaching Male-to-Female Transgender Communities: A Panel Presentation

Gwen Smith pointed out that this agenda item is comprised of four presentations.

Report on the Rapid Assessment Conducted with African Americans.

Gwen Smith noted that Valerie Rose, listed on the agenda as one of the presenters, was unable to attend. She then introduced Susan Scheer of the SFDPH AIDS Office and Janetta Johnson of Walden House and HPPC. Copies of the presentation entitled, "*Investigation of the High HIV Prevalence in the African American Transgender Community in San Francisco,*" were distributed at the meeting and were also e-mailed to members prior to the meeting. The following provides highlights of the presentation not included in the document distributed.

- Janetta Johnson introduced the presentation, including –
  - ⇨ That she and nine others sat on the Transgender Advisory Panel.
  - ⇨ The Panel was comprised primarily of African-American transgendered people.
  - ⇨ The role of the Panel was to consult with the research team, provide access to this community, and to help identify participants in the study.
- Susan Scheer facilitated the body of the presentation, which included the following.
  - ⇨ The Rapid Assessment methodology was developed by the World Health Organization to quickly address/identify issues.
  - ⇨ The principles of Rapid Testing include:
    - Involving the affected community in active participation;
    - Each step in the process relies on the previous and informs the next; and
    - The focus is always on the cultural/economic/political context of the problem.
      - * This context is often outside of the purview of health related studies.
  - ⇨ The study went to a number of neighborhoods including: the Tenderloin, Polk Street, South of Market, and the Castro.
    - They found that the best time to contact this population was between 5:00 and 9:00 PM and after midnight.
  - ⇨ They conducted two focus groups with a little less than 20 people in each.
  - ⇨ Focus group participants reported that the lack of sensitivity found among medical practitioners extends to mental health providers
  - ⇨ Participants reported the need for them to "*train*" both medical and mental health care providers in what it means to be transgendered.
  - ⇨ They also frequently reported that they made poor partner choices.
  - ⇨ Building on the information gathered during the focus groups the researchers wrote the survey used in interviewing 71 transgendered people.
    - Each interview took about one hour.
  - ⇨ She suggested taking the reported sexual orientation with a grain of salt because of difficulties with the questions.
  - ⇨ The finding of 65% HIV Positive corresponds with other studies of prevalence although in this study it is self-reported and no testing was performed.

- The Key Informant interviews were used to gather information that the researchers felt was otherwise missed in the Focus Groups or Quantitative Survey.
- The researchers identified 10 people as Key Informants who were a cross-section of the community and who were:
  - Very well connected in the transgender community, or who were trying unsuccessfully to fit in,
  - Successful people, or people who were struggling to get by; and
  - Particularly articulate people or people having difficulty expressing themselves.
- Although when asking about services they would like to see initiated, the researchers intended discussing HIV, the participants responded in issues like job training.
- The Key Informant interviews included non-quantitative, open-ended questions.

- Janetta Johnson facilitated the remainder of the presentation.
  - In the Quantitative Study they found that many participants were trying to stay drug-free (Clean), but experienced relapses due to relationship, economic, and housing issues.
  - A large number reported insufficient availability of Counseling and Therapy.
  - Although the majority of participants reported comfort with being transgender, how society deals with their gender status often caused difficulties.
  - Much of the drug abuse related to attempting to cope with societal abuse and discrimination.
  - Daily life issues were reportedly more important than being HIV Positive.
    - HIV Positive status was well accepted and not seen as their major problem.
  - Many reported getting more respect on the Tenderloin streets than in other communities.

<u>Questions and Comments</u>

- Joani Marinoff asked how many participants had income over $30K
  - Susan Scheer responded that very few of those with income above $14,401 (31% of total) had income above $30,000 and that the median was well below that of SF.
- Keith Folger asked if there were reports of HIV Positives getting more, or better, services.
  - Susan Scheer stated that they did not ask about it and no one brought it up.
- Michael Cooley asked if the Quantitative Survey asked if people were actually having a conversation with their partners about HIV status.
  - Susan Scheer explained that they asked participants if they knew their serostatus and the status of their partners; as well as questioning:
    - Those who didn't know their and/or partner's serostatus "*why*;" and
    - Those who knew their own and/or partner's serostatus how they knew.
  - She added that most people didn't have to ask about their partners' serostatus, as the information was common knowledge.
  - In all, there was very little conversation reported, per se, of serostatus before sex.
- In response to Ari Bachrach question, Janetta Johnson reported that information was not collected from homelessness people.
- Responding to Andre Robertson's question Janetta Johnson stated that participants reported "t*urning tricks*" to get Crack as well as using Crack so as to loosen their inhibitions and thus enabling them to "t*urn tricks*."
- Joani asked if the coerced sexual activity reported was adult or juvenile.
  - Susan Scheer stated that the study only collected information on a lifetime basis.

- Andre Robertson observed that his organization found that very successful transgendered people - those who integrated well into the mainstream, and/or pass as female, and/or connected with a mate – often drop out of association and identity with the transgender communities, and asked about the study's findings.
  - ⇨ Susan Scheer explained that participation in the study required identification as a member of the transgendered community.
    - She added that only one participant in the study identified more as a member of the female community than the transgender community.
- Andre Robertson asked if people said that it was inevitable that they would seroconvert.
  - ⇨ Janetta Johnson responded that this was not expressed, however, Positives stated that they accepted it and had more important issues to deal with.
  - ⇨ Susan Scheer also stated that they didn't hear expressions of HIV being inevitable.
    - Even the Negative participants, she added, expressed having more pressing issues.
  - ⇨ Michael Cooley observed that this is a similar response to that obtained from Youth; who also didn't rank HIV as a top concern.
  - ⇨ Janetta Johnson noted that this is a very sensitive community, dealing with a lot of fear – many of which just seem more ominous than HIV.
  - ⇨ Amber Gray noted that many members of this community grew up being oppressed and victims of societal and domestic violence.

The attendees expressed their appreciation for the presentation with applause. Gwen Smith then introduced the next speaker.

<u>Report on Needs Assessment with Transgender Sex Workers</u>

Copies were distributed of the presentation entitled, "*Needs assessment with MTF Transgendered and MSM Sex Workers*," a copy of which is available to absent members upon request. Dara Coan conducted the presentation. The following provides highlights of the presentation not included in the document distributed.

- The presentation does not review all of the data collected, which was substantial. However, the data is included in the 2004 HIV Prevention Plan.
- Hieu Ngo of Harder & Co was in charge of the Needs Assessment and was present at the meeting to answer members' questions.
- CBOs who provided assistance in the study include: St. James Infirmary, TARC, Walden House, staff from the UFO Study, Transgender Resource Center, Larkin Street , and Ark of Refuge.
- The study consisted of interviews from as wide a cross-section of participants as was practical, but random sampling methodology, per se, was not used.
- The ethnicities of participants included White, African-American, Asian/Pacific Islander, and Latina/o.

  53%African American (n=10)
  21% Mixed race/ethnicity (n=4)
  16% Latino/a (n=3)
  11% white (n=2)
- Participants cited the need for housing as a leading motivation to engage in unsafe sexual behavior; in particular:
  - ⇨ Getting more money for sex without condoms;

- ⇨ Having multiple, quick, and public sexual contact makes using condoms impractical; and
- ⇨ Encountering more HIV positive men in places where housing vouchers are accepted.

- Prevention outreach often does not reach sex workers until after testing Positive.
- Other reported barriers to getting healthcare and prevention services include:
  - ⇨ The distance to services; and
  - ⇨ High turnover at medical providers
    - Particularly noted the need re-explain their situation, or reeducate the provider.
- Examples of reported harassment MTF sex workers receive from police include:
  - ⇨ Name calling;
  - ⇨ Intimidation; and
  - ⇨ Sexual intimidation and coercion.
    - Such as the policeman demanding sexual favors in exchange for not arresting her.
    - Sexual harassment was reported by 5 of the 9 participants.
- The assessment highlighted the need to find ways to link housing with prevention services.
- The need for appropriate health services was repeatedly highlighted, as was the observation that services were unavailable until, and unless, participants were HIV Positive.

Questions and Comments

- John Newmeyer stated that mobility is an issue for sex workers in two ways:
  - First is physical mobility - being able to move to affordable areas while still servicing their clientele; and
  - Secondly financial mobility – having the means to have a telephone, advertise, and therefore charge more.
    - * He emphasized the distinction between street-level and advertised sex work.
  - ⇨ He suggested it would be valuable to study how many sex workers are able to be move from the street to the higher levels.
    - This could be studied, he stated, by seeing if the same people are still doing street level sex work six months, or a year later the first survey.
  - ⇨ Sex workers, he claimed, often move both ways – to the higher and/or lower levels.
  - ⇨ And, he added, this group tends to missed by HIV prevention services at either level.
- Joani Marinoff stated that the presentation's view is outside the traditional prevention box.
  - ⇨ She pointed out that environment and risk factors are not what they were 10 years ago.

The attendees expressed their appreciation for the presentation with applause. Gwen Smith introduced the next speaker.

Transphobia, Social Stigma and HIV Risk: A Report from a Behavioral Risk Study on MTF Transgenders

Copies were distributed of the presentation entitled, "*Transphobia, social stigma, and HIV risk among male-to-female transgenders*," Joanne Keatley of CAPS conducted the presentation. The following provides highlights of the presentation not included in the document distributed.

- Janetta Johnson and Tamika Gonzales both on the advisory board were acknowledged and thanked.
- CAPS conducted three focus groups, each with two three-hour sessions.
  - ⇨ Half of the participants of each focus group were associated with service organizations, the other half had no specific association.
  - ⇨ As a result of the findings of the focus groups, CAPS designed and implemented:

- The a drop-in space at 1145 Bush Street, and
- An intervention relating to environmental health such as discrimination and transphobia.

⇨ The qualitative findings from the focus groups were not included in the presentation, but will be reported separately in the near future.

- The presentation provided an overview of the quantitative data collected.
- The quantitative data was collected through interviews with MTF transgenders.
  ⇨ The following shows the ethnic composition of the participants:
    - 112 African-Americans (34%),
    - 110 Latinas (33%), and
    - 110 Asian/Pacific Islanders (33%).
- Recruitment was targeted to 50% from the street and 50% from service organizations.
- The 42% who were foreign born were mostly from Mexico, and the Philippines.
- The sexual orientation data collected differs significantly from what was previously reported from the SFDPH's study; which may have to do with the question's interpretation.
- The survey consisted of an 86 page questionnaire with 2,500 variables.
  ⇨ The study, therefore, collected a great deal of data.
- The HIV and STD prevalence data is self-reported and was not confirmed with testing.
- A summary of the results is that there is a high level of services and several clinics available, but many healthcare providers don't understand the community's needs.
  ⇨ There is need for cultural sensitivity training for providers.
- The data is a sample of the MTF transgender community of color.
  ⇨ Similar data has not been collected on the FTM transgender community of color.
    - However, CAPS has begun collecting data on the FTM transgender community.
- CAPS has gotten funding for further studies and will interview 110 white MTF transgendered people in SF.
  ⇨ An additional 100 African-American MTF transgendered people will be interviewed in Oakland.

The attendees expressed their appreciation for the presentation with applause.

<u>Transgender Cultural Competency Training Project (during announcements)</u>

- Christopher Gortner of the SFDPH AIDS Office explained that he is working on a Transgender Cultural Competency training for primary care providers who work with the transgendered communities.
  ⇨ It is stated to run for two years, and has been up and running since August 2003.
  ⇨ The Pacific AIDS Training Center has partnered with the AIDS Office for the grant.
- The project provides two full day conferences as well as on-site training for providers.
  ⇨ The first conference will be conducted on April 30th.
  ⇨ Attendance is limited to 300 participants.
  ⇨ Brochures will be mailed to agencies receiving CARE Council funding.
- He asked interested HPPC members to phone him on 415-554-5499 to have information sent to them.
  ⇨ He also noted that they are compiling a mailing list and would welcome suggestions for additions.

- The objective of the project was first to provide cultural sensitivity awareness to medical providers, but they also wanted to expand training to other health service providers if space and money permits.
  - ⇨ Harder & Co conducted a focus group and found that all levels of service providers should be included.

Questions and Comments

- In response to a comment, Israel Nieves-Rivera stated that the HPS professional staff would send highlights of his remarks to members, including how to contact Christopher Gortner for more information and a copy of the brochure.
- Christopher Gortner explained in response to question, that the conference participants include members of the community, service providers, federal researchers, and others.

The attendees expressed their appreciation for the presentation with applause.

Gwen Smith explained that the next item on the agenda was a discussion of all of the presentations and recommendations about how the Council will proceed on this topic.

Reaching Transgender Communities: Discussion and Recommendations

Gwen Smith reminded members that one of the year's goals is to look at populations where prevalence is high or there are gaps in research and information; thus the focus on the transgendered communities at this and the next Council meeting. The April meeting, she pointed out, will include presentations and discussion regarding the FTM transgender community. The objective for the discussion she explained was to come up with actionable items based on the information presented. The following summarized the discussion.

- Michael Cooley asked if the drop-in center is open full-time.
  - ⇨ Joanne Keatley responded that it is open from 10:00 AM to 5:00 PM during the week, and is not open on weekends.
    - She pointed out that it is an educational facility with an evolving mission and has to operate within the confines of the resources allocated.
  - ⇨ Michael Cooley stated that he wished it could be open and providing services full-time.
  - ⇨ Joanne Keatley highlighted that there is no other facility like it in SF.
- Barbara Adler suggested the presenters describe changes in service they would like to see.
    - It would be particularly useful, she added, if they have any ideas of ways in which the Council could help - such as is providing technical assistance.
    - She encouraged the presenters to also explain if there are other issues that they believe would be important for the Council to hear about.
  - ⇨ Janetta Johnson responded that she would like to see more access to therapy, both mental health and HIV prevention counseling and therapy.
    - She noted that Walden House clients really benefit from the transgender specific counseling available to them.
  - ⇨ Joanne Keatley noted that they have a counselor, Luanna Rogers, specializing in gender issues based at Castro-Mission Health Center.
    - She explained that the position is partly funded by the City.
    - Due to funding cuts, she reported, the position will disappear in September 2004.
    - She added that she like to see this position prioritized.

- ⇨ Joanne Keatley observed that transgendered services should go beyond mental health and healthcare, and should include things such as: housing, substance-abuse treatment, housing discrimination, and provider sensitivity training.
- ⇨ She is not sure what HPPC is able to do, and what its priority setting process is.
- ⇨ Janetta Johnson observed that a frequently noted issue in the focus groups was the difficulty maintaining housing.
- ⇨ Joanne Keatley explained the need to address clients' issues after leaving programs – they are still mistreated, can't get jobs, have housing problems, and so they often relapse.
- ⇨ Janetta Johnson stated that she would like to see the Council get creative and find a way to fund the therapist position at Castro-Mission Health Center.

- Andre Robertson observed that presentations showed what previous research found, that African-Americans transgenders have a higher incidence rate than other populations when engaged in the same behavior. He asked if the presenters know why this is the case.
  - ⇨ Joanne Keatley stated that they found a distinction in behavior among African-American transgendered people based on who they were having sex with.
    - With sex-work clients they tended to practice protected sex; and
    - With partners and casual encounters they were more likely not to use condoms.
      - * She emphasized that the prime risk was sex with partners.
    - Their research found, she added, that low self-esteem also added to risky behavior.
  - ⇨ Susan Scheer confirmed that their research also indicated that low self-esteem plays into risky behavior with partners.
    - As if not using condoms was a way to hold on to boyfriends.
  - ⇨ Janetta Johnson stated that an African-American sex worker has to work much harder than members of other ethnic groups on Polk Street.
- Steve Gibson asked if any of the research provides a view as to when along the continuum of gender identity/assignment change the HIV Positive participants seroconverted.
    - He also asked if the presenters thought it matters what point of the continuum a person is at insofar as their level of sexual risk behavior.
  - ⇨ Susan Scheer responded that they do not know the answers to those questions.
    - She added that although unknown, her sense is that it does matter.
- Steve Gibson asked how to get HIV onto the radar screen of this group.
    - He also asked how to design effective and appropriate programs without making it specific to only one part of the continuum.
  - ⇨ Joanne Keatley responded that she found that most transgender women have a strong sense of gender identity and aren't traveling on a gender identity continuum.
    - The MTF population that they studied set their identities at specific places, such as cross-dressing, full-time transgender, or transsexual.
    - She noted that the variation in risk behavior observed has mostly been among youth, women prior to locating themselves in a network, and in the FTM population.
  - ⇨ Susan Scheer stated that many of the Positive participants attributed their status to activities prior to being transgender – during their 20's, including sex work at that time.
    - She added that several participants stated that if they had been able to remain HIV Negative when they were young they could maintain that status now.

- Erick Brown stated that he recalls studies in the past that found transgendered sex workers wondered if they would get services being negative.
  - He added that those studies listed among the HIV cofactors "*Seroconverting as means to qualifying for services.*"
  - ⇨ Janetta Johnson stated that she has also heard this from transgendered people in substance abuse recovery programs.
- Ari Bachrach stated that in 1995-96 the Council prioritized the Transgender Community Health Project. He stated that it collected the same data and reached the same conclusions as the presentations offered at this meeting.
  - ⇨ He emphasized that this shows that progress is not being made in addressing this population's need for prevention services.
  - ⇨ He stated that the finding that the transgender communities do not place HIV prevention at the top of their priorities should not surprise the Council.
    - This population is continuing to deal with immediate survival issues.
  - ⇨ He added that this demonstrates that an HIV prevention agenda based on using condoms and not sharing needles is not going to reach this group.
    - The Council needs to think creativity about addressing prevention in this community, and what is considered prevention for marginalized populations.
    - Dealing with prevention, he asserted, may include topics from low self-esteem and the causes of transphobia to the need for '*Real*' low-income housing.
      - He pointed out that when jail or substance abuse treatment are your only options for shelter, you don't have stable housing.
  - ⇨ He suggested that this is a challenge that could be dealt with by the New Approaches to Prevention Committee.
  - ⇨ He also suggested going to Human Rights Commission (HRC) to get some sensitivity training mandated through the SFDPH for all health service providers.
  - ⇨ And he stated that if there is going to be an end to the pattern of young people coming into this group, facing a wide range of environmental factors, and seroconverting, the Council needs to advocate, politically if necessary, for a different approach to HIV prevention.
- Marcel Miranda asked what the presenters were most surprised to learn from their studies.
  - He also asked if they could leave here today with one thing, what would it be?
  - ⇨ Joanne Keatley said that the lower level of injection drug use surprised her.
    - She added that she hadn't prepared a "*wish list*," but hopes that she was heard.
  - ⇨ Marcel Miranda stated he heard the need for mental health services and housing.
  - ⇨ Janetta Johnson stated that she was surprised by how many people reportedly disclose their serostatus intimate as well as anonymous partners.
    - She noted, however, that people aren't always honest when answering surveys.
- Israel Nieves-Rivera said that he heard that the difficulty getting services to the people who need them isn't due to lack of facility, but due to issues such as cultural competency.
  - He added that the Council could do something about monitoring service delivery.
  - He asked if the research identified things the City could ask, but isn't, about service delivery.
  - ⇨ Janetta Johnson stated that many in the African-American transgendered population are angry and so go into service providers with an attitude.

- She added that providers need to know how to deal with this anger.
- She emphasized that the services are not about the provider, but the client.

⇨ Joanne Keatley said that the provider community needs to understand that there are reasons for the anger and attitude, adding that it is inappropriate to blame the victim.

⇨ Susan Scheer said that Ari Bachrach was on the right track – much of the difficulty is environmental/societal.

- She stated that even with the provision of job training, or housing, if the cultural environment is hostile people would fail.
- Employers, service providers, and other parts of the general community, she proposed, need to be trained.

• Thomas Knoble stated he was affected by the findings about the SF Police Department.

⇨ He suggested this be taken up with the SFPD asking them what they are doing about it.

• Keith Folger asked how many agencies do HIV outreach to transgenders in the Tenderloin and Polk Street areas.

⇨ Steven Tierney and Janetta Johnson responded with a list that included: The AIDS Health Project, TARC, Glide, Ark of Refuge, Continuum, and API Wellness Center.

- Steven Tierney noted that a few of these are funded by the HIV Prevention Section.

⇨ Keith Folder noted that the Stop AIDS Project's MSM outreach has started weekly pizza/discussion meetings with the male sex workers on Polk Street.

• Keith Folger also stated that he looks forward to seeing how the research into the white MTF transgender population compares to the other ethnicities studied.

• Erick Brown stated that transgender sex workers who have managed to survived since the 1996 studies are probably tired of hearing the same questions asked.

- He added that the same questions have been asked about this community for years.
- He asserted the need to move beyond study into action if the tide is to be stemmed.

• Tracey Packer reminded the HPPC that it had prioritized the MTF transgender population due to prevalence data from the Transgender Community Health Project, in 1998 and 2001. She noted that the Council prioritized the rapid assessment of African American MTF transgendered individuals to look at why prevalence is so high particularly among African-American transgendered people.

⇨ She said that what she hopes will come out of the process today is action steps from the Council about what should happen next that can be taken to the provider community.

• Barbara Adler asked what could be done to put together an educational program for the Police Department.

⇨ She also said that a better job of monitoring the standard of care is required.

⇨ She suggested that evaluation criteria should also come from the community served.

- Agencies not providing an acceptable level of service, she added, shouldn't be funded.

• Catherine Geanuracos stated that from her experience with Larkin Street Youth Center mental health issues are particularly important among transgendered young people.

⇨ She noted that many young people have experienced abuse throughout their lives.

⇨ She pointed out that several years ago, under Chief Hallinan, there was an initiative to improve relations between the Police Department and sex workers.

- However, she wasn't sure if the initiative dealt with transgendered sex workers.

- She suggested looking into this before making overtures to the Police Department.
  - Catherine Geanuracos emphasized the importance of partner selection issues for transgendered women and suggested looking at the social context of this.
- Tamika Gonzales stated that several years ago a task force was formed including the SF HRC and Police Department to mitigate tensions between the police and the transgender communities and to develop training models for the Police Department.
  - She noted that testimony was presented and evidence collected.
  - She asked what the Council could do to revisit this, that perhaps the AIDS Office could obtain the data put together by the Task Force.

Gwen Smith stated that although the agenda ran longer than scheduled the information presented was important. She noted that discussion on this topic is not finished and that the next Council meeting (04/08/04) will include presentations on the FTM transgender community.

Review and Discussion of the new CDC Community Planning Guidance

Gwen suggested moving this to the next meeting. Agreement was by consensus, and without comment, objection, or abstention.

Summary, Evaluation, and Closure of Meeting

Israel Nieves-Rivera summarized that there were a number of suggestions made that will be taken up by the Steering Committee to determine how and when to address them. Some suggestions will be referred to the New Approaches to Prevention Committee. He reiterated Gwen Smith's comment that although a lot of information has been reviewed this is not the end of the process.

- He added that members should review the minutes to ensure their comments were clearly noted because those comments will form the basis of action items.

Tracey Packer asked members to review the document distributed entitled, "*Orientation to CDC's Revised Guidance for HIV Prevention Community Planning,*" a copy of which is available to absent members upon request.

  - She pointed out that there have been changes from previous versions of the Guidance.
- She also asked members to review the document distributed entitled, "*CDC's Revised Community Planning Guidance 2003-2008,*" a copy of which will be provided to absent members upon request.
  - She noted that this document highlights the changes in the Guidance.

Gwen Smith reminded members to complete the evaluation forms.

Adjournment

The meeting adjourned at 5:59 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Tracey Packer and Gwen Smith.

Reminder: The next HPPC meeting will be held on Thursday, April 8th, 2004
San Francisco City Hall, Room 201, San Francisco, CA

HIV Prevention Planning Council Meeting
Thursday, April 8, 2004
3:00-6:00 pm

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City Hall, Room 201
San Francisco, CA

Agenda

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	**Welcome, Introductions, Announcements, and Refreshments**	Israel Nieves-Rivera
3:15 pm	**Review and Approval of Minutes of March 11, 2004** *(VOTE)*	Israel Nieves-Rivera
3:20 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	Israel Nieves-Rivera
3:30 pm	**Member Response to Public Comment**	All
3:35 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. *(POSSIBLE VOTE)*	Israel Nieves-Rivera
3:50 pm	**Report from the Ryan White National Youth Conference on HIV and AIDS**	Renol Ratchford and Matthew Blanchard
4:00 pm	**Review and Discuss New CDC Community Planning Guidance** Objective: To review changes in community planning requirements in the 2003-2008 guidance issued by CDC.	Tracey Packer
4:20 pm	**HIV Prevention Issues in Female-to-Male Transgender Communities** Objective: To better understand the HIV risks of Female-to-Male (FTM) transgendered individuals in San Francisco, to discuss gaps in the data, and to identify steps the HPPC can take to address gaps in knowledge.	Speakers to be announced.
5:00 pm	***Break***	
5:15 pm	**HIV Prevention Issues of Male-to-Female and Female-to-Male Transgender Communities: Discussion and Action Steps** Objective: To determine what the HPPC and its partners can do to address the issues raised in presentations in March and April.	All
5:40 pm	**Presentation of the 2004 HIV Prevention Plan** Objective: To view the Plan developed by the HIV Prevention Planning Council.	Co-Chairs
5:50 pm	**Summary, Evaluation, and Closure of Meeting**	Israel Nieves-Rivera

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments

UPCOMING HPPC MEETINGS:
Membership/CLC: Monday, April 12, 3:00-4:30 PM, 25 Van Ness Ave, 330B
New Approaches: Monday, April 19, 5:00-6:30 PM, 330A
Prevention with Positives: Wednesday, April 21, 4:00-5:30 PM, 25 Van Ness, 330A
Steering: Thursday, April 22, 3:00-5:00 PM, 25 Van Ness Ave, 330A
Evaluation: Thursday, May 6, 3:00-5:00 PM, 25 Van Ness Ave, 330B
Full Council: Thursday, May 13, 3:00 – 6:00 PM, TBA

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Item	Action	Resolution
Presentation on risk behavior among Injection Drug Users (J. Newmeyer, 2.12.04)	Steering Committee recommends Council presentation reviewing risk from needle sharing and from sex-May or June.	
A presentation by Rafael Diaz on interventions dealing with networking and community-level work (J. Marinoff 2.12.04)	Steering Comm. recommends this as part of presentation to HPPC on sociocultural context for interventions "putting the themes in the Plan into practice"-May or June	
Panel presentation on directly funded agencies (S. Tierney 2.12.04)	After funding determined by CDC.	
Discussion of the Challenges with the ELI System (K. Folger 3.11.04)	Sent to Evaluation Committee 3/04	
Clients from Walden House to talk about benefits from Transgender Program at Walden House (J. Johnson 3.11.04)	Invite clients to April 8 meeting to participate in discussion.	
Discussion of Risk Behavior Studies with African Americans (especially gay men and prevention needs) in San Francisco (CAPS, others) (A. Robertson 3.11.04)	SC suggestion: July or August	

- San Francisco

HIV PREVENTION PLANNING COUNCIL

Minutes

April 08, 2004

The next HPPC meeting will be held on **Thursday, May 13, 2004**
3:00 - 6:00 p.m.
City Hall, Room 201, San Francisco

Members Present:
Barbara Adler
Chata Ashley
Ari Bachrach
Matthew Blanchard
Gayle Burns
Edward Byrom
Michael Cooley
Keith Folger
Catherine Geanuracos
Steve Gibson
Robert Gomez
Tamika Gonzales
Janetta Johnson
Thomas Knoble
Loris Mattox
Marcel Miranda
John Newmeyer
Israel Nieves-Rivera
Ken Pearce
Renol Ratchford
Perry Rhodes III
Andre Robertson
Gwen Smith
Tae-Wol Stanley
Frank Strona
Edward Velasco

Members Absent:
Teresa Betancourt
Erick Brown
Aaron Cohen
Michael Discepola
Joani Marinoff
Gail Sanabria
Mike Schement
Steven Tierney

Harder + Co.:
Dara Coan
Kym Dorman
David Weinman
Allison Weston

Guests
Shannon Andersen - Walden House
Jenna Blue - Walden House
Prado Gomez
Billie Jean Kanios - Walden House
Tuck Mayo - Stop AIDS
Paul Miller - Stop AIDS
Anna Morrow
Emily Newfield
Matt Rice
Jen Sarche - AIDS Office
Luciana Tsay - TNDC
Ken Vail - TARC

HIV Prevention Section:
Vincent Fuqua
Betty Chan Lew
Eileen Loughran
Tracey Packer
Lisa Reyes

Process Evaluation Team:
Kathleen Roe

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Welcome, Introductions, Announcements, and Refreshments

Israel Nieves-Rivera called the meeting to order at 3:05PM. He explained that the Co-Chairs rotate the responsibility for chairing and providing support at each Council meeting.

He explained that due to time restraints there would not be an icebreaker question. He then asked all attendees to introduce themselves and provide relevant announcements. He also reminded attendees that handouts should be provided to the Co-Chairs for distribution.

- Marcel Miranda distributed the document entitled, "*San Francisco Monthly STD Report, Data for February 2004,*" a copy of which is available to absent members upon request.
- Marcel Miranda announced that as of 04/14/04 he would return to Glide in the role of HIV Services Manager.
- Frank Strona distributed the brochure entitled, "*SafeSexCity.com,*" explaining the site is now functional and that among other services provides links to local testing facilities.

- ⇨ Agencies interested in being listed as a test site, or in promoting their services should contact him.
- Frank Strona also announced that he would conduct training for The Institute for Community Health Outreach (ICHOC) entitled, "An *SM/Fetish Overview*" on 04/30/04, and distributed a flyer announcing the program.
  - ⇨ He noted that this presentation is designed for health services providers whose clients participate in SM/Fetish activities.
  - ⇨ For additional information contact him, ICHO, or visit www.ichoca.org.

  Copies of the brochure and flyer are available to absent members upon request.
- Tracey Packer noted that Steven Tierney could not attend this meeting and that she is providing support in his absence.
- She announced that he asked for Council support of the workshop he put together entitled, "*Strategic Alliances, Collaborations, and Mergers: Surviving in a New Economy.*"
  - ⇨ The HPPC and the San Francisco Leadership Initiative sponsor the workshop.
  - ⇨ She pointed out that the workshop is for Board of Directors, CEOs and CFOs.
  - ⇨ Skills in partner selection, organizational integration and strategic decision making will be developed.
  - ⇨ The date of the workshop is Friday, April 30th, from 10:00 AM – 1:00 PM at 25 Van Ness Avenue, Suite 330A. Registration is limited, you must RSVP 554-9078.
- Kathleen Roe announced that an email zoomerang would go out evaluating how many emails members get, as well as issues covered later in the current meeting.
- She drew members' attention to a new article authored by her and Kevin Roe entitled, "*Dialogue Boxes: A tool for Collaborative Process Evaluation*", in the April 2003 issue of Health Promotion Practice, Vol 5, Issue 2.
  - ⇨ She pointed out that about 10 years ago the Process Evaluation Team and the SF HPPC created the use of Dialogue Boxes.
  - ⇨ She also noted that the HPPC and its members are acknowledged.
  - ⇨ Copies of the article are available to members from Kathleen Roe by request.
- Catherine Geanuracos announced that the previously discussed $4M cut in federal funding may be moderated by a City Board of Supervisors add-back.
  - ⇨ She added that she would provide updates to this Council on this topic.
- Renol Ratchford distributed a flyer announcing Youth Pride 2004 events 06/23-27/04.
  - ⇨ He noted the first Youth Pride Rally on 06/26/04, the Saturday before the SF Pride parade.
  - ⇨ He pointed out that the resumption of the annual "*Young, Loud, and Proud (YLP)*" Conference, the organizers of which are looking for collaborators.
  - ⇨ More information can be found at www.lyric.org, or directly from him.
- Keith Folger announced "*Dinning out for Life,*" Thursday, 04/29/04 in which 25% of the proceeds from participating restaurants goes to the Stop AIDS Project.
  - ⇨ For more information, contact Stop AIDS or visit www.dinningoutforlife.com.
- Mathew Blanchard announced that he has started his internship with Magnet.
- Israel Nieves-Rivera pointed out that the Parking Lot, discussed at previous Council meetings, is provided on the second page of this agenda.

Israel Nieves-Rivera pointed out that Dara Coan would be leaving Harder & Company during April. To acknowledge the many contributions to the HPPC's work he presented her with a cake shaped like a Plan document and with frosting that included a caricature of her.

- Betty Chan-Lew read the cake's inscription, "*Dara, you will always be in our Plan.*"
- Tracey Packer announced that Dara Coan will be presented with a framed copy of this quote from Ralph Waldo Emerson:

  "*Born for success she seemed,*
  With grace to win, with heart to hold,
  With shining gifts that took all eyes,"

  She asked those present to inscribe the frame's matting with messages for Dara.
  - ⇨ She noted that copies of the new Plan, which relied heavily on Dara Coan's participation, would be distributed later at this meeting.

The Council members, professional staff, and guests acknowledged and thanked Dara Coan for her many contributions with a standing ovation.

Review and Approval of Minutes of March 11, 2004

Motion was made and seconded to accept the minutes of the 03/11/04 meeting. There was no discussion, objection, or abstentions. The minutes were approved.

General Public Comment

Israel Nieves-Rivera invited Public Comment.

- Chata Ashley was recognized and offered a statement as a Public Comment.
  - ⇨ He distributed the text of his statement entitled, "*Condoms and the Church,*" a copy of which is available to absent members upon request.
  - ⇨ His statement urged the Council to make a strong statement of objection to the Roman Catholic Church's ban of the use of condoms.

Member Response to Public Comment

Israel Nieves-Rivera asked for questions and comments.

- Andre Robertson stated that Chata Ashley's statement seemed "*straightforward.*"

Motion was made and seconded to send the proposal to the Steering Committee for review. There was no further discussion. Vote was by show of hands:

Yes	13
No	1
Abstain	8

The motion was approved.

HPPC Co-Chairs/Steering Committee Report

Israel Nieves-Rivera asked if members had received and read the Co-Chairs Report dated 04/08/04. He asked if there were comments or questions. None were offered.

Report from the Ryan White National Youth Conference on HIV and AIDS

Renol Ratchford and Mathew Blanchard represented the SF HPPC at this conference.

- Mathew Blanchard explained that the conference was held over the Presidents' Day weekend in Portland, OR and was an excellent opportunity to meet and discuss collaboration with other HIV health services providers.
- He also noted that he participated in a one-day plenary regarding HIV Positive young people.
  - ⇨ Participants included a spectrum of young HIV positive people ranging from those who have lived with HIV their entire lives to those who recently seroconverted.
- Renol Ratchford stated that it was valuable to hear Mathew Blanchard as well as the other presenters' participation throughout the conference.
  - ⇨ He noted that he advocated, unsuccessfully, for the participants to receive stipends.
- He then led the attendees in a dance/chant exercise as a demonstration of the momentum and spirit of the conference.

Review and Discuss New CDC Community Planning Guidance

Tracey Packer distributed copies of the presentation entitled, "*CDC's Revised Community Planning Guidance 2003-2008,*" a copy of which is available to absent members upon request. The following highlights some of the addition information she provided.

- Community Planning started in 1994 by the SF HPPC.
- The CDC's previous five goals have been reduced to three.
- The CDC has provided a list of required accountability measurements, or indicators, such as:
  - ⇨ Number of new infections,
  - ⇨ Number of outreach contacts it takes to get someone into treatment, and
  - ⇨ Community planning characteristics
    - Such as those surveyed last year by the questionnaire members filled in.
- Goal 1's reference to "*Inclusion*" refers to ensuring that all participants have an equal voice in the planning process.
- Goal 2 also includes making sure that interventions are tested with the target population.
- There are three partners in the Community Planning process:
  - Community Planning Group (in SF the HPPC),
  - The Health Department, and
  - The CDC.
- The Community Services Assessment (CSA) required by the CDC is called the "*Community Assessment*" in the SF Plan.
- The HPPC reviews the CDC Cooperative Agreement each year starting in June and culminating in the issuance of a letter of concurrence/non-concurrence by September.
- The CDC has added the requirement of a new Conflict of Interest section.
  - ⇨ SF HPPC has always had a Conflict of Interest policy.
- She noted the inclusion in the distributed materials a copy of the CDC's presentation entitled, "*Orientation to CDC's Revised Guidance for HIV Prevention Community Planning.*"
  - ⇨ She highlighted that the presentation includes the CDC's Program Performance Indicators (the last four slides).

Questions and Comments

- Andre Robertson asked about conflicts of interest when the HPPC doesn't allocate funds.
  - Tracey Packer responded that it could happen if the Council was voting on something that would almost certainly benefit a member or agency financially.
    - For instance, voting to prioritize a population that was only served by one agency.
  - Steven Gibson pointed out that when the Council considered funding the Gay Men's Health Center he recused himself from the vote.
  - Israel Nieves-Rivera added although it doesn't happen at SFHPPC, another example of a conflict on interest cab be if an allocation does not meet any established criteria but is based on the decision-makers' Council participation – such as by merely being a loud voice at the table.
  - Tracey Packer said she would bring copies of this policy to the next meeting 05/13/04.
- Keith Folger stated that the CDC's presentation highlights the requirement that Prevention with Positives (PWP) to be the highest priority.
  - Tracey Packer pointed out that this is reflected in The Plan.

Tracey Packer passed around a proposed form related to the areas that the guidance outlines for community planning to be used to refer items for action from Council meetings. The proposal is that after reviewing a presentation, members would indicate what action should be taken, and who should take it:

1) The Council as a whole,
2) The Co-Chairs,
3) The DPH, or
4) Or individual Council members, as part of the community.

- In way of example, she noted the discussion at the 03/11/04 Council meeting where the recommendation that the SFDPH Community Behavioral Health Services should address an issue with the MTF Transgender community was discussed.
  - Although the Council might be able to address this issue, members may also wish to ask the DPH to address the issue with the Community Behavioral Health Services.
- Israel Nieves Rivera added that each time a presentation is made to the Council action issues raised would be referred to one of the four groups for action.
  - He stated that this procedure is intended to respond to what are often passionate pleas for help from people making presentations.
    - It should also address, he suggested, the complaint that members have heard about the issue before, but that nothing has happened about it.
  - The Council, he pointed out, has a number of goals and objectives it has already agreed upon and the members should consider who is to take on additional roles.
  - He added that copies of the form would be sent to members.
- In response to Renol Ratchford question, Israel Nieves-Rivera stated that the referral of Chata Ashley's statement to the Steering Committee is an example of the procedure.

HIV Prevention Issues in Female-to-Male Transgender Communities

The Transgender Community Health Project (1999)

Tracey Packer introduced Matt Rice who provided an overview of the Transgender Community Health Project published in 1999. Copies of "*The Transgender Community Health Project*" had previously been sent to members. She noted that Matt Rice worked on the study and that it is the most recent data available. Matt Rice distributed copies of the document entitled, "*The Transgender Community Health Project: Descriptive Results*," copies of which are available to absent members upon request. The following summarizes those highlights of his presentation that were not included in the slide documentation.

- The study dealt with the wide spectrum of people who identify as Transgender.
  - ⇨ Including people who self-identify as male although born with the other body, as well as those who find gender-identification bogus and identify as "*Other*."
- It was difficult recruiting FTM participants, as there aren't specific venues where FTM ransgendered people congregate.
  - ⇨ Recruitment was accomplished at cultural event such as film festivals, transgender shows, and through its diverse staff.
- The only other significant health research regarding this community was a study in Atlanta involving about 100 people.
- Intersexed individuals (or people whose genitalia at birth could not be categorized as either male or female) were not included in the study's data.
  - ⇨ Wide genetic variations exist as regard genitalia; including those two X-chromosomes, or two X-chromosomes and a Y-chromosome, and a penis.
    - Medical procedures are often performed on intersexed children, including clitoridectomy on babies born with a large clitoris.
  - ⇨ Intersexed people deal with different issues that those born with classic genitalia and identify as transgender.
- There are a variety of medical choices for FTM transgender people, including chest surgery, use of hormones, and sexual reassignment surgery.
- The study's demographics for FTMs were significantly different than for MTFs, including less racial diversity, higher median income, more likely to have a high school education, more likely to have stable housing, and a lower percentage having ever had an STD.
- Matt Rice shared some of his experience regarding HIV risk, including the following.
  - ⇨ He has run a internet list of FTMs for about 10 years.
  - ⇨ One young man who described his options as limited to, "*...me with my toys, or, if I want any body contact, with an unsafe person.*"
  - ⇨ The case of a FTM in his 20's who visits one of four sex clubs weekly where he engages in unprotected anal, vaginal, and oral sex with partners of unknown serostatus.
    - This young man had a number of STDs over the course of a year.
    - Matt Rice asserted that such behavior is common.
  - ⇨ FTMs often resort to anonymous sex to avoid disclosure about their sexual identity.
  - ⇨ The prospect of rejection often leads people to unsafe sexual activities; which increases the risk of HIV and STD, and often results in a sense of isolation.
- Some FTMs undergo metaidoioplasty, a surgery that frees up the clitoris allowing it to be a functional, sensation bearing, phallus albeit often too small to accomplish penetration.

- For such men sexual activity is therefore limited to being receptive.
  - ⇨ Condoms are also seen as an easily dispensed with barrier to intimacy, and condoms aren't the right size.
- There is a general lack of quality, in-depth, sexual education among FTMs.
  - ⇨ Many FTMs want to have sex with another man, but lack even the most basic knowledge of sexual anatomy; many have never seen a penis.
  - ⇨ He has conducted workshops for such people, which included explaining what the risks are and how to have sex safely.

Questions and Comments

- Andre Robinson asked if after making some transition, FTMs tend blend into the general population.
  - ⇨ In response, Matt Rice stated that this is common; however, he noted that not all FTMs choose to transition medically.
    - He explained that there are many reasons for this, including:
      - * Testosterone is very quick and effective in providing male characteristics,
      - * Opinions on genital surgery are very strong in this community,
      - * Genital surgery is expensive (about twice as much as it is for MTF), and
      - * Genital surgery involves difficult issues such as – how will it look, how will it feel, and how big will it be (no one wants "*Bargain-basement*" genital surgery).
- Responding to Keith Folger's question, Matt Rice stated that chest surgery are probably the most common procedure, whether FTMs take hormones or not.
  - ⇨ He observed that it is much easier to notice breast than genitals.
- Andre Robertson asked if testosterone recipients become more aggressive.
    - He also asked what happens to menopause.
  - ⇨ Matt Rice responded that menstruation stops almost immediately, and so recipients go through menopause and male adolescence at the same time.
  - ⇨ Almost all of the secondary male sex characteristics, he explained, come from testosterone, resulting in: increased body hair, altered fat and muscle distribution, and a deepening of the voice.
  - ⇨ It also makes the clitoris grow much larger, and changes libido.
  - ⇨ He added that having one's body change in a way that one likes actually tends to alleviate aggression, and depression.
  - ⇨ On the whole, his experience is that most FTMs are less angry after using testosterone.
- Michael Cooley asked if research exists regarding the long-term use of testosterone.
  - ⇨ Matt Rice stated that some studies are currently underway.
    - He added that one of the issues being investigated is if people who have retained their clitoris and uterus while using testosterone are at higher risk for cancer.
  - ⇨ The use of any sex hormones, he pointed out, may have deleterious side effects, thus having a physician monitoring such use is important.
- In response to Andre Robertson asking if sexual reassignment surgery works, Matt Rice stated that it does.
- Michael Cooley asked what percent of the partners of the FTMs are MSM.
  - ⇨ Matt Rice explained that the question wasn't asked in their research.
  - ⇨ He pointed out, however, that nearly half identified as Gay or Bisexual.
- Frank Strona asked what percentage of the reported receptive sex involved attached penis.

- ⇨ Matt Rice stated that this was qualified by the study and only sex with an attached penis was included in the data.

The attendees expressed their appreciation to Matt Rice for his presentation with applause.

Female-to-Male Transgender Quality of Life

Israel Nieves-Rivera introduced Emily Newfield of the UC Berkley – UCSF Joint Medial Program. Emily Newfield distributed printed copies of her presentation entitled, "*Female-to-Male Transgender Quality of Life,*" copies of which are available to absent members upon request. The following summarizes those highlights of her presentation that were not included in the documentation.

- Her Master's thesis was an assessment of quality of life issues of FTM Transgendered people.
- Due to the difficulties of recruitment, she decided to recruit by way of the Internet.
- Although the project did not specifically address HIV prevention, the psychological wellness of FTMs has a direct bearing on the choices they make regarding safe sex.
- There is a huge deficiency in literature about this population's quality of life issues.
  - ⇨ The only long-term study of FTMs comes out of Amsterdam and shows a much higher suicide rate than the general population.
  - ⇨ The only population-based work on this group is the above-referenced work done in SF.
- There are also very few physicians with experience dealing with FTMs.
- For the definition of quality of life her study used the criteria established by the Harry Benjamin International Gender Dysphoria Association (HBIGDA).
- The data analyzed for the original study contained information from 377 people; and to date the Website has collected data from over 425 people.
  - ⇨ The study will be updated to include all participants.
- As control group for the study she relied on data provided by SF36.
- The study attempted to deal with the FTM Transgender population outside of the traditional disease model.
  - ⇨ Although many disagree, the DSM-IV, continues to categorize it as a disorder.
- The youthfulness of the participants is attributed to the use of the Internet as the means of recruitment.
- Although 40% of participants had received breast surgery, only 4% had genital surgery.
  - ⇨ She stated that this is most likely a result of the high cost of surgery.
- The survey consisted of 20 simple and direct questions designed so participants wouldn't need to log-off to gather information and potentially not log back on.
  - ⇨ It is a snapshot rather than an in-depth survey.
- The differential between the 17% of participants who have reported experiencing discrimination from a healthcare provider and the 71% who delayed treatment due to fear of such discrimination is attributed to a couple of factors:
  - ⇨ The healthcare profession's reputation or appearance of discrimination;
  - ⇨ Insensitivity demonstrated seen as precursor to direct discrimination; and
  - ⇨ Examples of gross discrimination rippling through the community.
- Overall quality of life in the FTM population is lower than that of the general population.
  - ⇨ In particular, the psychological component is striking lower than the general population.

- ⇨ The study found The FTMs who had received testosterone and surgery experience a better quality of life than their peers, but still below the general population.
- Although this survey didn't ask specifically about HIV prevention, when people aren't feeling good about themselves they are more likely to make risky decisions.
- The hope is that this data will be used for future studies, ones that can provide more insight than were possible in this work given the restrictions of SF36.
- The University of Minnesota is doing a new study that is also Internet based that deals specifically with FTMs and HIV prevention issues.
- Those seeking additional information may contact Emily Newfield at UCSF, School of Medicine, (415) 642-1239, emnewf@itsa.ucsf.edu.

Questions and Comments

- In response to a question, Emily Newfield explained that evaluating quality of life issues is determined by the mean with results above the mean being "*better*" and below "*worse*."
- Barbara Adler asked if there was a difference based on the healthcare providers' gender.
  - ⇨ Emily Newfield explained that the survey did not collect this information.
- Perry Rhodes asked if there is a similar standard of care established for the MTFs.
  - ⇨ Emily Newfield said that the HBIGDA standard is used universally.
    - She added that some find these standards helpful to both physician and patient and others see them as a hindrance and therefore do not adhere to its standards.
  - ⇨ In SF, she noted, the FTM community has generated its own Standards of Care.

The attendees expressed their appreciation for Emily Newfeild's presentation with applause.

Reaching FTM Transgender Communities in San Francisco

Israel Nieves-Rivera introduced Prado Gomez who explained that he would address the Council alone as Yosenio Lewis, who was also scheduled to speak, was called away on a family problem.

- Since the Transgender Community Health Project (1999) there have been many changes in this community.
  - ⇨ There has been an increase in FTMs' identification as Transgender.
  - ⇨ There has also been immigration to SF, both domestic and international, of people seeking services and the local level of acceptance.
  - ⇨ No new data, however, has been generated.
- Locating and recruiting people in this population remains difficult with the Internet probably being the best means of reaching FTMs for research.
- Recruiting through site of health service providers has the drawback that not everyone uses services within the system and many access hormones and surgery elsewhere.
- The information available about this community is very limited; and most is about White English speakers.
- The visibility of FTMs remains very low, and most people remain unaware of this population.
  - ⇨ This is even true in the Queer community, although there has been some improvement over the past couple of years.
- Identifying FTMs and their partners has value for measuring HIV risk and to determine educational prevention needs.
  - ⇨ Part of the challenge is that many FTMs want to blend into the general population, and informing people that they exists works against that desire.

- It is also difficult to determine the terminology and identifications to be used regarding partners of FTMs for purposes of education and HIV prevention.
  - ⇨ Much of the terminology is culturally based, and within communities of color, sexual identities vary widely.
  - ⇨ There needs to be education regarding the difference between gender and sexuality as well as about the appropriate terminology to use.
  - ⇨ In many communities anyone who is not traditionally heterosexual is "*Gay*" and many transgendered people are identified that way.
- One of the values of the Transgender Community Health Project was that it allowed people to identify themselves, rather than imposing identifications on people.

Questions and Comments

- Matt Rice stated that creating literature for the FTM Transgender population, including their partners, presents difficulties.
  - Information that is specific to FTMs bodies may not validate their identity.
  - ⇨ In current literature, he observed, FTMs' gay-identified male partners won't find much information pertaining to their relationships.
  - ⇨ He pointed out that the Transgender Community Health Project worked hard on this issue but still found some people felt excluded.
- Andre Robertson stated that the information presented indicates that about half of the FTMs identify as heterosexual. He asked who they partner with.
  - ⇨ In response, Prado Gomez said that the answer is not simple.
    - FTMs partner with many different types of women, including Transgendered women.
  - ⇨ He added that the difficulty is twofold: with identification, and with language.
- Michael Cooley stated that the Council has based its work on behavior rather than identity, and suggested work with the FTM Transgender population take this approach.
  - ⇨ Prado Gomez responded that a difficulty with such an approach is the terminology used regarding body parts.
    - He noted the language in a form used by the Stop AIDS Project that is both appropriate to the Transgender community and applicable to the ELI system.
      - * He highlighted that such a form is rare.
    - It is important for providers to adapt the tools they use to the community served.

The attendees expressed their appreciation for Prado Gomez' presentation with applause.

Prevention Programs for FTM

Paul Miller and Tuck Mayo, representatives of the STOP AIDS Project were introduced. They distributed copies of an article entitled, "*Call Me Handsome Trannyfags Stop AIDS,*" reprinted from the San Francisco Bay Times, 21-13, March 20, 2000.

- Paul Miller explained that the Stop AIDS Project's mission is to prevent HIV transmission among all gay and bisexual men through multicultural community based organizing.
  - The queer identified FTMs are clearly part of the mission's focus population.
  - ⇨ Their work with this population began in 1999 when they developed a program entitled, "*Trannyfacts*" which commenced work in 2000.
  - ⇨ Between 2000 and 2002 '*Trannyfacts*' ran 15 workshops, two community forums, and two social events. It involved about 300 interventions, and 100 non-duplicate participants.

- The Stop AIDS Project received a wealth of feedback on this program including recommendations for additional issues to be addressed.
  - Much of the feedback indicated the need to understand the fluidity of gender, the risks faced by transgendered people, as well as the lack of services, and information available. (Many of the same issues highlighted at this Council meeting.)
- In response, Stop AIDS produced an information brochure and distributed it widely.
  - At present, the transgender Advisory Council is producing an updated brochure.
- In response to transgender men's expression of wanting to be included in programs for queer folks, beginning in 2000 Stop AIDS Project's promotion, and website, states that their programs are for all gay, bisexual, and transgender men.
- In 2003 Stop AIDS undertook additional information gathering, including taking on another intern, doing more research, community organizing, and needs assessments.
- This resulted in repeating, "*T for Two*," a Community Forum to discuss topics such as transphobia and the queer community's lack of awareness of transgender issues.
  - The forum had over 80 participants with 12 gender identities and 14 different sexual orientations identities.
- "*T for Two*" highlighted the need to educate transgender men and queer identified FSM regarding male genitalia.
- Stop AIDS sponsored a workshop entitled, "*All About Dick*".
  - This was similar to a High School biology class, but it also included models demonstrating various penis sizes, colors, and conditions (pierced, circumcised, etc.).
  - It also included discussions and demonstrations of how the penis works (although it did not include a demonstration of ejaculation).
- The Community Forum also proposed the restart of the '*Trannyfacts*' informational postcards to be distributed throughout the queer community with messages to include:
  - "*We're Here, We're part of the Community*",
  - "*Pride & Prejudice*";
  - "*Transbodies*" (education about Transgender men's bodies); and
  - "*All About Safe Sex.*"
- The Stop AIDS Project's method of working calls for projects to be as a result of community organizing and so are looking for community support to move this along.

- Tuck Mayo explained that he organizes the "*Tranny Boy Social*" which is a casual atmosphere event for Transgender men to discuss the issues impacting them and their community, including health matters and safe sex practices.
  - Participants are largely gay and bisexual, and occasionally straight identified.
  - The discussions indicate that a lot of unprotected sex is taking place.
  - Discussions also indicate that the weak economy has a disproportionate effect on transgender men looking for work.
    - As a result, sexual risk behavior increases significantly.
  - Overall, the biggest issue being dealt with is awareness of the transgender community.
    - Healthcare, employment opportunities, acceptance, and physical safety all come from such understanding.
  - Many transgender men used to identify as lesbian, and many people still categorize them as such.
    - Since lesbians are a low-risk group, transgender men tend to be presumed low-risk.

- However, many Transgender men's sexual orientation is gay or bisexual and are engaging in sexual risk behavior.

The attendees expressed their appreciation to Paul Miller and Tuck Mayo with applause.

HIV Prevention Issues of Male-to-Female and Female-to-Male Transgender Communities: Discussion and Action Steps

Israel Nieves-Rivera explained this portion of the agenda as identifying the actions the Council proposes taking.

Recommendations and Comments

Israel Nieves-Rivera explained that this meeting was the second part of Council members' review of the HIV issues of the transgender community. The MTF population was discussed at the last Council meeting (03/11/04). He reiterated the need to direct recommendations for action to:

1) The Council as a whole,
2) The Co-Chairs,
3) The DPH, and/or
4) Individual Council members, as part of the community.

He invited members to make recommendations for action, or to make comments.

- Barbara Adler stated that testing sites, and all providers who collect data, need to be flexible enough to capture information about clients appropriately.
  - ⇨ She noted that staff members at the AHP testing sites are often reminded that clients are on a "*Life journey*".
  - ⇨ She also pointed out that there is no way to know where life will take a client.
  - ⇨ It is therefore appropriate to provide all clients with safe sex practices information that is inclusive of the whole spectrum of sexual possibilities.
- Frank Strona offered three recommendations for action:
  1. Creation of a guidance for the public service sector – including General Hospital and the funded agencies – regarding the use of appropriate pronouns when dealing with clients.

     He proposed this action as a joint effort of the SFDPH and the HPS.
  2. Design and implement interventions to directly address those issues that keep FTM transgendered people from seeking prevention services.
     - He added that pending additional research, the presentations provided a good place to start with those issues.

     He proposed this action as a joint effort of the SFDPH and the HPS.
  3. Design an element of prevention specifically for the partners of transgender men.
     - He noted that a large number of sexually active gay men date FTM guys.
     - Both the FTMs and their partners face prejudice making it difficult for them to honestly identify the risks they face.

     He suggested the HPPC take action on this item.
- Shannon Andersen relayed her experience at General Hospital where she was repeatedly mis-addressed.
- Michael Cooley recommended that members of the SF Police Department be required to undergo training regarding dealing equitably with the transgender community.
  - He noted that the issue of the relationship between this community and the police was widely discussed at the 03/11/05 Council meeting.

- ⇨ Agencies currently dealing with gay and bisexual men will, in the future, deal much more extensively with transgender people and should also be involved in sensitivity training.

He suggested that the DPH take action on this issue.

- Keith Folger made two recommendations:
  1. Development of comprehensive safe sex training specifically for FTMs.
     - He noted that the need for such was pointed out in both the Transgender Community Health Project (1999) and in Emily Newfield's Quality of Life study.
     - He emphasized that discussions of safe sex should go beyond the use of condoms.
       - He noted, as Prado Gomez pointed out, that most safe sex literature discusses the penis, but is silent regarding sex toys.
  2. The development of training and materials relating to the risks inherent in sex-work for both the FTM as well as the FTM Transgender populations.

He suggested the DPH take action on this item.

- Gayle Burns stated that she had no idea that FTMs were at high risk and questioned if the BRPs need to be altered to accommodate this population.
- Tae-Wol Stanley asked if sharing needles is an issue for this population, or if there a high level of awareness of needle exchange.
  - ⇨ Matt Rice responded that this group is aware of needle exchange.
  - ⇨ Ari Bachrach added that testosterone is injected intramuscularly, unlike intravenous drugs such as heroin or methamphetamines.
    - To avoid significant pain when injecting intramuscularly requires the use of smaller and sharper needles making sharing impractical.
  - ⇨ Prado Gomez stated that the latest data, which is from 1997, indicated that some hormone users shared needles, be he wondered if that remains the case.
- Janetta Johnson recommended that the information presented at the last two Council meetings should be put into a brochure or pamphlet and distributed to medical providers.
    - She suggested that this publication include and highlight:
      - The appropriate use of pronouns,
      - Photographs of transgender people, and
      - Identity categories and subcategories discussing how people operate and relate.
- Thomas Knoble recommended updating the data on the HIV risks faced specifically by the gay and bisexually identified FTM transgender population.
  - ⇨ He observed where there is such high risk there is sure to be prevalence.
  - ⇨ He expressed his irritation with the latest data being six or seven years old.

He recommended the Co-Chairs and DPH take action on this issue.

- Marcel Miranda commented that the Council needs to be reminded of groups of people who are at continuing, or growing, risk and yet are under-served.
- Marcel Miranda recommended that the State be made aware of the inadequacies of the data available and/or being captured on this population's risk behavior.
  - ⇨ He noted that without such information how could there be adequate prioritization.
  - ⇨ He pointed out that capturing such data might require changing HIV-6 (the Counseling and Testing form).
  - ⇨ Tracey Packer added that it might also require changes to ELI.

He recommended the Co-Chairs and HPPC take action on this issue.

- Catherine Geanuracos recommended finding money for provider training in dealing with the FTM Transgender population.
  - ⇨ She stated that when asked for their opinions, most of the front-line providers would say that young FTM sexually active people are at high risk.
    - She noted that this isn't backed up by research and statistics, partly because the population is relatively small.
    - She added that even with a needs assessment it would be difficult to come up with a large number of people in this group.
  - ⇨ She stated that most community agencies expect to see an influx of FTMs and probably don't have the capacity to work with them.
    - At present, she observed, too often when MTF people show up at agencies' doors the greetings are somewhat less than welcoming.
  - ⇨ Barbara Adler commented that funding for training regarding the transgender communities could be part of the budget for Rapid Testing.
    - She explained that staff members dealing with Rapid-Testing needs to be aware of how to appropriately relate with the population.
- Renol Ratchford stated that he would like to see more research done regarding the transgender population.
  - ⇨ He observed that the group has probably grown significantly since the 1999 study.
  - ⇨ He suggested working with CAPS, or others, in this.
- Ari Bachrach recommended rather than putting money into research, fund the provision of information and sensitivity training to providers.
  - ⇨ He added that there are many things about the transgender population that are known, including that behavior does not equal body parts – which is something that too many providers are currently unaware of.

He recommended the HPPC to propose the DPH take action on this issue.

- Ari Bachrach also recommended finding creative ways to deal with hidden populations.
  - ⇨ In addition to the groups discussed at this and the last Council meeting, he cited MSM "*On the down-low*" (men who do not admit to having sexual relations with men) as examples of hidden populations who's issues need to be addressed.
  - ⇨ He suggested working with people partnered, or involved, with members of hidden populations such as:
    - Those who are less secretive, or
    - MSM who do not know much about who they are having sex with.

He recommended the HPPC suggest the DPH take action on this issue.

Israel Nieves-Rivera pointed out that the Council previously approved the action item of inviting transgendered members of Walden House to make a presentation. He welcomed the representatives from Walden House and asked them to relay their experience and insights with the Council.

- Billie Jean Kanios introduced herself as a Caseworker at Walden House HIV Services managing the HOPWA Housing Services, as well as working with St. James Infirmary as an HIV Test Counselor.
  - ⇨ She noted that Walden House and St. James Infirmary have a complimentary collaborative relationship.

- ⇨ She pointed out that it is very important for clients to access medical services from providers who are supportive of their self-esteem and who don't judge the clients' gender identification.
- ⇨ She stated that Walden House's program has been very effective.
- ⇨ She introduced two clients who shared some of their experience.

- Shannon Andersen stated that Walden House has provided her with HIV, substance abuse, and transgender support services.
  - ⇨ She described it as a "*one-stop shop*" that has helped her enormously.

The attendees expressed their appreciation for Shannon Andersen's remarks with applause.

- Jenna Blue pointed out that as a transgendered, IDU, sex-worker she has been at particularly high risk of acquiring HIV.
  - ⇨ She reported that when she first went to Walden House she was confused about her gender identification, was using drugs, and was unaware of her HIV status.
    - Walden House provided a safe environment to sort out her identity, undergo substance abuse treatment, and determine her serostatus.
  - ⇨ If she found she was HIV positive, she felt certain that the supportive environment would have enabled her to cope with it rather than relapsing into drug use.
  - ⇨ She reported that tests showed, however, that she is HIV negative.
    - She also pointed out that she remains clean & sober, has self-respect, and feels able to lead a healthy and productive life.

The attendees expressed their appreciation for Jenna Blue's remarks with applause.

- Billie Jean Kanios stated that upon leaving one of the biggest challenges confronting the clients of Walden House is finding employment.
  - ⇨ Without gainful employment, she asserted, her clients will return to survival sex.
  - ⇨ She suggested partnering with community groups such as HPPC to help clients coming out of treatment find jobs.

The attendees expressed their appreciation with applause.

<u>Presentation of the 2004 HIV Prevention Plan</u>

(This item was discussed earlier in the agenda – before the Review of the New CDC Community Planning Guidance.)

Copies were distributed to members of the "*2004 San Francisco HIV Prevention Plan*" (The Plan).

- Israel Nieves-Rivera noted that these copies are pre-release copies for Council members.
  - ⇨ In response to a question, Betty Chan Lew and Dara Coan explained that copies would be available for providers in the next couple of weeks.
- Israel Nieves-Rivera added that The Plan would be available on CD and is on-line.
- Several members expressed that the document is attractive.
- Lisa Reyes reported on behalf of the Membership/Community Liaison Committee that three-hour training sessions on how to use The Plan would be held for providers on 05/11/04 and 05/25/04.
- Israel Nieves-Rivera explained once The Plan is distributed, training for providers and agencies would first be provided, and then it will be taken the community and made available to non-prevention specific providers.

- In response to a question, Israel Nieves-Rivera explained that copies would be provided to all members of the CARE Council.
- Dara Coan distributed the document entitled, "*A Quick Tour of the 2004 San Francisco HIV Prevention Plan.*"
  - ⇨ Dara Coan pointed out that the Quick Tour only provides highlights of The Plan.
    - She asked if members have difficulty using The Plan to please contact Harder & Company so that such difficulties can be anticipated for training.
  - ⇨ Israel Nieves-Rivera reviewed the document for attendees.
- Israel Nieves-Rivera noted that he has used The Plan, quoting it when writing a grant proposal, and also referencing it in planning an upcoming CDC conference.
- He asked members to make any first-impression comments about The Plan on the Evaluation Form, in the Harder & Company portion.

Summary, Evaluation, and Closure of Meeting

Israel Nieves-Rivera stated that members could do a great deal as community members regarding the issues discussed at this meeting. Members of the community of gay men in SF often connect with and relate well with MTF transgendered people. The same community, however, often has great difficulty acknowledging FTM transgendered people. He observed that at AGUILAS they have conducted extensive training to help gay staff members understand and deal appropriately with MTFs. Gay men, he emphasized, must educate their community. Members of the Council, he added, need to retain their awareness of the issues raised everyday in their communities and not leave it relegated to meetings.

Recommendations for action made at this meeting would be included in the minutes. He added that the recommendations would also be discussed at the next Steering Committee and where appropriate brought to the full Council.

Israel Nieves-Rivera reminded members to complete the evaluation forms.

The members joined the Co-Chair's expression of thanks to all of the presenters with applause.

Adjournment

The meeting adjourned at 6:02 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Tracey Packer and Israel Nieves-Rivera.

Reminder: The next HPPC meeting will be held on Thursday, May 13th, 2004
City Hall, Room 201, San Francisco.

HIV Prevention Planning Council Meeting
Thursday, May 13, 2004
3:00-6:00 pm

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City Hall, Room 201
San Francisco, CA

Agenda

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	**Welcome, Introductions, Announcements, and Refreshments**	**Steven Tierney**
3:15 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business	**Steven Tierney**
3:25 pm	**Member Response to Public Comment**	**All**
3:30 pm	**Injection Drug Users and HIV Risk: Update on Programs and Research (Part I): Presentation and Discussion** • Introduction: Lisa Reyes • Youth Issues: Paula Lum, UFO (Presentation and Discussion)	**Lisa Reyes, HPS** **Paula Lum, UFO**
4:00 pm	**Youth Injection Drug Users, Program Description** • Mary Howe, Haight Ashbury Youth Outreach Team	**Mary Howe, HAYOT**
4:10 pm	**Injection Drug Users and HIV Risk: Update on Programs and Research (Part II): Presentation and Discussion** • Kelly Knight, Center for AIDS Prevention Studies	**Kelly Knight**
4:50 pm	***Break***	
5:00 pm	**Review and Approval of Minutes of April 8, 2004** *(VOTE)*	**Steven Tierney**
5:05 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. *(POSSIBLE VOTE)*	**Steven Tierney**
5:15 pm	**Injection Drug Users and HIV Risk: Update on Programs and Research (Part III): Presentation and Discussion** • Alex Kral, Urban Health Study, UCSF	**Alex Kral**
5:45 pm	**Injection Drug Users and HIV Risk: Update on Programs and Research: Discussion and Action Steps** *(POSSIBLE VOTE)*	**All**
5:55 pm	**Summary, Evaluation, and Closure of Meeting**	**Steven Tierney**

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Note All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:

Membership/CLC: Monday, May 10, 3:00-4:30 PM, 25 Van Ness Ave, 330B
New Approaches: Tuesday, May 18, 11:30-1:00 PM, 25 Van Ness Ave, 330A
Prevention with Positives: Wednesday, May 19, 4:00-5:30 PM, 25 Van Ness, 330A
Steering: Thursday, May 27, 3:00-5:00 PM, 25 Van Ness Ave, 330A
Evaluation: Thursday, June 3, 3:00-5:00 PM, 25 Van Ness Ave, 330B

Full Council: Thursday, June 10, 3:00 – 6:00 PM, TBA

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Item	Action	Resolution
Presentation on risk behavior among Injection Drug Users (J. Newmayer, 2.12.04)	Steering Committee recommends Council presentation reviewing risk from needle sharing and from sex-May or June	Presentation scheduled for May 13, 2004
A presentation by Rafael Diaz on interventions dealing with networking and community-level work (J. Marinoff 2.12.04)	Steering Committee recommends this as part of presentation to HPPC on sociocultural context for interventions "putting the themes in the Plan into practice" – May or June.	Scheduled for June 10, 2004
Panel presentation on directly funded agencies (S. Tierney 2.12.04)	After funding determined by CDC.	TBD
Discussion of the Challenges with the ELI System (K. Folger 3.11.04)	Sent to Evaluation Committee 3/04	In Committee
Clients from Walden House to talk about benefits from Transgender Program at Walden House (J. Johnson 3.11.04)	Invite clients to April 8 meeting to participate in discussion	Presentation made to HPPC on April 8, 2004.
Discussion of Risk Behavior Studies with African Americans (especially gay men and prevention needs) in San Francisco (CAPS, others) (A. Robertson 3.11.04)	SC suggestion: July or August	TBD

- San Francisco

HIV PREVENTION PLANNING COUNCIL

Minutes

May 13, 2004

The next HPPC meeting will be held on Thursday, June 10, 2004
3:00 - 6:00 p.m.
City Hall, Room 201, San Francisco, CA

Members Present:
Teresa Betancourt
Matthew Blanchard
Erick Brown
Edward Byrom
Aaron Cohen
Michael Cooley
Keith Folger
Catherine Geanuracos
Steve Gibson
Tamika Gonzales
Janetta Johnson
Thomas Knoble
John Newmeyer
Israel Nieves-Rivera
Ken Pearce
Renol Ratchford
Perry Rhodes III
Mike Schement
Gwen Smith
Frank Strona
Steven Tierney
Edward Velasco

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Members Absent:
Barbara Adler
Chata Ashley
Gayle Burns
Michael Discepola
Robert Gomez
Joani Marinoff
Loris Mattox
Marcel Miranda
Andre Robertson
Gail Sanabria
Tae-Wol Stanley

HIV Prevention Section:
Vincent Fuqua
Alice Heimsoth
Betty Chan Lew
Eileen Loughran
Tracey Packer
Mike Pendo
John Pabustan
Lisa Reyes
Marise Rodriguez

Harder + Co.:
Kym Dorman
David Weinman
Allison Weston

Guests
Mary Howe - SF Needle Exchange and Haight Ashbury Youth Outreach
Kelly Knight, Center for AIDS Prevention Studies (CAPS)
Alex Kral - Urban Health Study, UCSF
Jennifer Lorvick - Urban Health Study, UCSF
Paula Lum - Positive Health Program, UCSF
Jeff More - Urban Health Study, UCSF
Deborah Oliver-Wilson, ICHO
Jen Sarche - AIDS Office
Ken Vail - TARC
Hank Wilson - TARC

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Welcome, Introductions, Announcements, and Refreshments

Steven Tierney called the meeting to order at 3:07 PM. He explained that the Co-Chairs rotate the responsibility for chairing and providing support at each Council meeting. He noted that there were 18 members present and voting, and that quorum was obtained.

He explained that according to the 2004 Plan the Behavioral Risk Group (BRP) of Gay men and other MSM have the highest prevalence of HIV in SF, the second highest prevalence is among Injection Drug Users (IDU). There are a variety of questions regarding the IDU populations that will be discussed at this meeting. The speakers have all worked with and/or researched the IDU

population and their presentations examine the impact of injection drug use on the HIV epidemic in SF.

He then invited attendees to introduce themselves and make appropriate announcements. He also noted that Alice Heimsoth of the HIV Prevention Section had been authorized by the Co-Chairs to take photographs for inclusion on the HPPC website. He asked if any attendees were uncomfortable, or wished to be excluded, from being photographed. No attendee expressed objection.

- Gwen Smith announced that she will participate in a televised panel discussion on HIV in the African-American Community on "*Sundays on Seven*," 10:30 AM, Channel 7, 05/16/04.
- Israel Nieves-Rivera will be speaking at a Plenary Session on, "*Ten Years of Community Planning*" at the HIV Planning Leadership Seminar (HPLS).
- Tamika Gonzales announced the Asian & Pacific Islander Wellness Center's annual fund raiser entitled, "*Mix*" on Wednesday 05/26/04 at 7:00 at Yerba Buena Center.
- Matthew Blanchard announced an open-call photo shoot for gay men of all body types at Magnet, adding that more information would be forwarded to members in the near future.
- John Newmeyer announced that the Haight-Ashbury Free Clinic will celebrate its 27th year with a banquet in 06/03/04. All are invited.
- Edward Velasco announced that he is leaving the HPPC in July to pursue a Master's Degree at the Harvard School of Public Health.
- Renol Ratchford made two announcements:
  - ⇨ He is participating in the Many Voices training program in Oakland; and
  - ⇨ He wanted to clarify that the workshop he attended at the Ryan White National Youth Conference on AIDS dealt with all of the issues confronting young people.
    - He also wanted to reinforce that the dance demonstrated at the 04/08/04 Council meeting was meant only as a demonstration of the energy of the workshop.
- Frank Strona announced a "*Beer Bust*," sponsored by Safe Sex City, 4:00 PM 07/03/04.
  - ⇨ Part of the proceeds will help fund his trip to the International AIDS Conference in Thailand where he is due to participate in a Plenary Session on "Gay Men's Health Programs."
- Keith Folger made two announcements:
  - ⇨ Alan Selby a longtime activist in SF recently passed away, and a memorial service/celebration will be held at the Eagle (12th & Harrison) 05/18/04, 3:00 PM; and
  - ⇨ He applied for, and received, a scholarship to attend the International AIDS Conference from the Conant Foundation.
    - He added that he believes he is the first person working in prevention to be granted this scholarship.
- Thomas Knoble announced a PCRS conference on 05/24-25/04 at the Crown Plaza, Union Square, and asked interested people to contact him directly.
- Lisa Reyes announced the kick-off of a program to inform newly arrived Latinos of available health and social services in SF.
  - ⇨ She distributed a brochure/map entitled, "*A la Aventura…*" which is part of this informational program. A copy of which is available to absent members upon request.
  - ⇨ She noted that this program was prioritized by the HPPC and utilizes funding from Bristol-Myers Squibb.

- ⇨ Additional copies of the brochure are available by contacting Erik Dubon at the HIV Prevention Section, 554-4233.
- Steven Tierney noted that the Council was in the BAR and that he and Israel Nieves-Rivera were quoted regarding the 2004 Plan.
  - ⇨ The article mentions the workshop held on Strategic Alliances, Collaborations, and Mergers as part of the San Francisco Leadership Initiative.
    - He noted that the feedback from attendees has been unanimously positive.
    - The workshop will be held again for organizations interested in doing business with the government at the federal, state, or local levels.
- Steven Tierney also announced that as part of the HPPC's continuing leadership development it will sponsor the attendance of two Council members to the HIV Prevention Leadership Summit (HPLS) in Atlanta June 17-19, 2004.
  - ⇨ A drawing was later held resulting in Teresa Betancourt and Tae-Wol Stanley being chosen to attend. If either or both are unable to attend, Thomas Knoble and Renol Ratchford were chosen as alternates.

General Public Comment

Jen Sarche of the AIDS Office announced that Tuesday 05/18/04 is HIV Vaccine Awareness Day.

- ⇨ She noted that six new vaccines will commence testing this summer by the Research Section of the AIDS Office.
- ⇨ This year's Awareness Day will be co-sponsored by the Black Coalition on AIDS and will include a town hall meeting at the Visitacion Valley Jobs Education Training Center, 05/18/04 from 6:00 to 8:00 PM.
  - Researchers and others will be available to answer questions from the community.
- ⇨ She distributed a postcard explaining the event entitled, "*HIV Vaccines Explained*," a copy of which is available to absent members upon request.

Member Response to Public Comment

There was no member response to the Public Comment.

Injection Drug Users and HIV Risk: Update on Programs and Research (Part I): Presentation and Discussion

Steven Tierney introduced Lisa Reyes, HIV Prevention Section, who introduced the presentations.

Lisa Reyes commenced the discussion with background including the following.

- ⇨ SF has always been an innovative leader with programs as well as research, including in such areas as: needle exchange, outreach, harm reduction programs, methadone, and overdose prevention programs.
- ⇨ The research on drug use and IDUs done in SF has been comprehensive, inclusive, and has informed policy locally as well as nationally.
- The epidemic in SF is different than elsewhere in the US, particularly among IDUs.

- ⇨ This is partly a result of grassroots prevention efforts, including needle exchange, started over 20 years go.
- ⇨ People working in prevention should be proud of the services locally available for IDU, which is not the case everywhere.

- She noted that the agenda included discussion of action steps at the end of the meeting.

Lisa introduced Paula Lum of Positive Health Program - UCSF, who presented results from the UFO Study.

- The "U Find Out" (UFO) project has been studying the IDU population in SF under the age of 30 since 1997.
  - ⇨ Approximately one-third of IDU are under 30.
- There have been three studies:
  - ⇨ UFO-1 conducted between 1997-1999;
  - ⇨ UFO-2 between 1999-2001; and
  - ⇨ Currently UFO-3 is collaborating with St. James Infirmary.

UFO-1

- **Mission**: To estimate the prevalence of HIV among IDU under 30 years of age in SF and to examine the factors associated with HIV infection.
- **Design and Methods**: A cross-sectional anonymous study involving 304 IDU,
  - ⇨ Subjects participated in an interviewer-administered survey, and
  - ⇨ Included counseling and testing, as well as referral for HIV, Hepatitis A&B services.
- **Results - Demographics**: Medium age of 22, mostly male, mostly white, approximately half hadn't finished high school, half had been in SF for more than a year, two-thirds had been incarcerated during the past year.
- **Results - Drug Use**: 66% Heroin and 24% Methamphetamines (Speed).
  - ⇨ Most were using needle exchange, however, a third were still injecting with used syringes,
    - One-half of whom were using bleach to clean syringes, and
    - About one-quarter were using the same syringe more than four times.
- **Results - Sex**: 23% of the males and 40% of the females identified as gay or bisexual,
  - ⇨ 63% of the males and 81% of the females had sex with another IDU,
  - ⇨ 17% of the males and 15% of the females participated in exchange sex,
    - However, the rate of exchange sex differed significantly by neighborhood.
- **Results - HIV**: The study found 16 HIV infections among the 304 participants, with an HIV prevalence estimate of 5% overall, however --
  - ⇨ Prevalence for gay/bisexual IDU is almost three times that for heterosexual IDU.
- **Results - HIV C**: MSM-IDU were more than three times as likely to be infected with Hepatitis C Virus (HCV).
- **Results - Analysis**: The leading factors associated with high-risk behavior among young male IDU are: sexual orientation, neighborhood, and length of time in SF.
- **Conclusions**: Prevalence of 5% among young IDU, a stable or declining HIV epidemic,
  - ⇨ The majority of the risk was attributable to sexual activity, and
  - ⇨ The lessening of risk attributable directly to drug use was due to community prevention including needle exchange.

- **Relevance to HIV Prevention**: Findings recommend invigorating and sustaining programs for at-risk youth, with targeted harm reduction relating to blood born infection (such as HIV and HCV) including:
  - ⇨ More, expanded needle exchange,
  - ⇨ Intense street outreach and education intervention, and
  - ⇨ Combined HIV and HCV counseling, testing, and referral.

UFO-2

- **Overview**: Research conducted from 2000 to 2002 and funded by the NIH.
  - ⇨ 846 young and active IDU participants.
  - ⇨ Of the 584 male participants, 227 reported ever having had sex with a man.
- **Objective**: To estimate the prevalence in young street-recruited MSM IDU.
- **Design and Methods**: Similar to UFO-1, cross-sectional and anonymous with street-based recruitment of target population – IDU under 30 years of age.
  - ⇨ Subjects participated in an interviewer-administered survey, and
  - ⇨ Included counseling and testing, as well as referral for HIV, Hepatitis A&B services.
- **Results – Demographics**: Medium age 23 years of age, 80% white, 47% did not complete high school.
- **Results – Drug Use**: 69% used Methamphetamines during the past three months.
- **Results – Sex**: 69% reported ever having exchanged sex for money or drugs, and –
  - ⇨ 47% reported having exchange sex during the preceding three months,
  - ⇨ 91% reported having had sex with both men and women during the preceding three month, and
  - ⇨ 9% reported only having sex with men.
- **Results – HIV Prevalence**: Estimated at 12% for MSM-IDU, and
  - ⇨ Over half of the HIV+ participants reported being negative or didn't know their status.
- **Results – Factors**: The leading factors were –
    - Number of male paying sexual partners, and
    - History of gonorrhea.
  - ⇨ The leading inverse factors (the more of the following, the lower the risk) were –
    - Amount of education, and
    - The number of lifetime female partners.
- **Relevance to HIV Prevention**: Nearly half of the HIV+ MSM-IDU are unaware of their serostatus,
  - ⇨ Young MSM IDU are at high risk, and
  - ⇨ Only 9% of the MSM-IDU identified themselves as gay while over 25% identify themselves as heterosexual.

The "*Saint UFO*" 2002-04

- This is a UARP Community Collaborative Grant with Saint James Infirmary, SF DPH, SF General Hospital, and UCSF.
- **Objectives**: To estimate the prevalence of HIV and other sexually transmitted infections (STIs) in young (under 30 years old) MSM-IDU and evaluate intervention, and
  - ⇨ To evaluate if concurrent STIs increase HIV infection/transmission in this population;
  - ⇨ If so, to identify and evaluate the feasibility of interventions reducing STIs thereby preventing HIV infections.
- **Design and Methods**: Target population of 200 street-recruited MSM-IDU, and –

- ⇨ Six-months combined HIV/STD counseling and testing intervention, including multi-infection risk reduction counseling,
- ⇨ Testing, counseling, and treating of these STIs: Herpes simplex 2 (HSV-2), Syphilis, Gonorrhea (GC) and Chlamydia (CT).

- **Results**: For the first 66 participants - average age 25, 68% white, 70% homeless, and -
  - ⇨ Median of 51 injections in the past month,
  - ⇨ 85% had injected methamphetamines,
  - ⇨ 59% had received cash for sex in the prior 6 months, and
  - ⇨ 39% reported more than 100 lifetime sexual partners.
- **Results - Prevalence**:
  - ⇨ HIV prevalence was 26%
  - ⇨ HSV-2 28%,
  - ⇨ Syphilis 0% (Only one old case found),
  - ⇨ GC: Pharyngeal 15%, Rectal 4%, and Urethral 2%, and
  - ⇨ CT: Pharyngeal CT 2%, Rectal 5%, and Urethral 0%.
    - 61 participants agreed to testing, six declined.
- **Results - Co-Infection**: HIV+ participants are more likely to test positive for Hepatitis C (HVC) or Chlamydia than HIV- people. 38% were co-infected with HIV and another STI.
- **Conclusion**: Young MSM-IDU are high risk, with higher than expected prevalence, and -
  - ⇨ Commercial sex work, concurrent STDs, and use of methamphetamines are common,
  - ⇨ Testing, counseling and treatment for multiple infections by STD Control is acceptable to this population.
- **Relevance to HIV Prevention**: The researchers believe that early detection and control of STDs including HSV-2 may be an effective medical approach to preventing HIV infection.
  - ⇨ The AIDS Office of the SF DPH is participating in a large, international, study of HIV negative people being treated with Acyclovir - a Herpes suppressor - to determine if this has an effect on the acquisition of HIV.
  - ⇨ The researchers are doing a qualitative study with 23 young MSM-IDU, to come up with a detailed narrative of their sexual attitudes and practices.
  - ⇨ They are finding that HIV prevention efforts need to address the numerous social factors surrounding use of injection drugs and sexual risk behavior, particularly mental health issues.
- **Limitations of the UFO studies**:
  - ⇨ Low number of HIV infections among women makes reaching conclusions difficult,
  - ⇨ Self-reported data might be biased with under-reporting the quantity of injections and sexual risk behavior, and
  - ⇨ Street recruitment may over-sample MSM-IDU at the highest risk.
- Paula Lum thanked the SF DPH for the support provided to study participants, including the provision of free vaccines.

The Council expressed its gratitude to Paula Lum with applause.

<u>Reaching Youth Injection Drug Users, Program Description</u>

Steven Tierney explained that two years ago the Council participated in forming an Injectors Health Collaborative, which Mary Howe worked with. He added that she has years of experience

working in the streets with young people and is a nationally renowned youth service provider. She is currently working with Haight-Ashbury Youth Outreach.

Mary Howe's remarks are summarized in the following.

- Mary apologized for being a bit "out of it", but that she had just received news that a volunteer that she works with had passed away a couple of hours before this meeting.
- Currently, she runs the Youth Outreach Drop-in Center in the Haight Street neighborhood.
- Definition of youth is focused on those under 25 years old.
  - However, the Center provides service to anyone who identifies with the Haight Street youth culture.
- The Center is open five-days a week for three hours each day.
- Services include:
  - Using the telephone,
  - Receiving mail,
  - Showering,
  - Laundry,
  - Watch TV, and
  - Work with one of three caseworkers at the site who help with access to: detox and other drug treatment, finding shelter, and health issues.
- Caseworkers do street outreach the remainder of their time.
- The most frequent request is for access to the Center's free pet care and referral to medical care.
- There are also frequent requests for assistance with homelessness issues.
- She also runs the SF needle exchange, which is open Monday, Wednesday and Friday nights and is now part of the Haight-Ashbury Free Clinic.
  - It is the only youth-specific needle exchange in SF, although they do not turn away older people.
- The Center also provides:
  - Some medical care,
  - HIV testing,
  - STI services, and
  - Monthly workshops on overdose prevention, as well as related topics.
- Services are provided in one-to-one and group sessions.
- The Center does outreach mostly with female sex workers in the Mission on Thursdays.
  - This is a collaboration with Mission neighborhood-based community organizations.
- She has been amazed how little the women in the Mission are aware of topics such as: safer injection methods, use of different needles, safer sex, and safer sex work.
- The Center used to do a weekly program in China Basin where they would see between 50 and 100 people a week.
  - She emphasized that a replacement program for that neighborhood needs to be funded.

Steven Tierney noted how difficult it is to do street outreach, particularly with the kind of professionalism, care and love that Mary Howe brings to the process.

The Council expressed its appreciation for Mary Howe's presentation with applause.

Injection Drug Users and HIV Risk: Update on Programs and Research (Part II): Presentation and Discussion

Steven Tierney introduced Kelly Knight as someone doing outstanding research with the Center for AIDS Prevention Studies (CAPS). He noted that CAPS is largely responsible for the data the Council relies on when determining priorities and levels of services.

Kelly Knight distributed the document entitled, "*The Prevention Needs of HIV+ Injection Drug Users*," a copy of which is available to absent members. The following are excerpts of her presentation not covered by the slides.

- The Seropositive Urban Drug Injectors Study (SUDIS), locally called VENUS, conducted a formative qualitative study that grew from two design intervention programs.
- Although the study deals with IDU, the focus was on sexual behavior between HIV+ IDU and their HIV- partners, or partners of unknown serostatus.
- This was an open-ended, qualitative study.
- Her presentation concentrated on programmatic intervention strategies applicable to services directed toward HIV+ IDU.
- The methods employed by the study intentionally over sampled female IDU to gain an understanding of their experience.
- The result found five areas relevant to HIV prevention:
  1. **Development Cycle** of HIV integration.
     - Upon **Diagnosis** people go "*Underground*" for periods of six months to ten years,
     - At some point they experience a "*Wake Up Call*" which is motivated by:
       * HIV progression,
       * Experiencing the death of friends, or
       * Surviving – particularly when they thought they wouldn't.
     - Leading to "*Re-Emergence*" with a strong desire to provide education and support.
  2. **Social Context** of HIV,
     - The stigma associated with being HIV+ often includes violence.
     - "*Commodification*" refers to the economic value of programs and services available to HIV+ people;
       * Particularly seen among poor, who may never have had access to services such as drug treatment prior to seroconverting.
     - Systems Management skills are particularly important for HIV Prevention including dealing with systems relating to: addiction, HIV, public health, welfare, other healthcare issues, and often the criminal justice system.
       * The criminal justice system also has a large impact on partners of HIV+ IDU.
       * HIV+ IDU often experience discriminatory and unequal services, including those resulting from self-fulfilling prophecies of how they will be treated.
     - System Management skills are education on how to get what is needed from the systems, understand the limitations of available services, and depersonalizing their experience with those systems
  3. The dynamics of **Drug Use and HIV** after diagnosis.
     - Users often report making adjustments to the way they use drugs as a result of an HIV+ diagnosis.

- The role of sex in the lives of HIV+ IDU varied greatly.

4. Sexual Transmission Risk,
   - Many participants were surprised by the part sex played in the transmission of HIV.
   - Sexual transmission tended to confirm participants' assertion that they were infected sexually rather than by an aspect of drug use.
   - Many participants reported having no one to talk about sexual risk.
   - Sex work relationships are often managed differently for HIV+ IDU due to additional legal risks, including:
     * Often not referred to as sex work, and
     * A need to know and to trust the client.
   - Pressure to have unprotected sex comes from both male and female negative partners.
   - The area of perceived responsibility requires a great deal of consideration for prevention for positive programs, including:
     * Relationships involved in the drug/sex economy perceives HIV+'s responsibility as less than other types of relationships, and
     * It is important for prevention agencies to provide a forum for people to deal directly with disclosure and responsibility issues,
       Including alternative ways of taking responsibility with, or without, disclosure.
5. Peer Support and Advocacy
   - Although not looked for, VENUS found a high level of participation in peer education.
   - HIV altruism is not new, but finding it in the IDU community surprised researchers, particularly since HIV+ IDU are dealing with so many issues.

- The VOICE Study
  - ⇨ The study has been running since 2001.
  - ⇨ Part of the program is to place HIV+ IDU in community volunteer positions.

Kelly Knight acknowledged many people, and collaborating organizations in SF and the Bay Area, who have participated in VENUS and VOICE over the past six years.

The Council expressed its appreciation for Kelly Knight's presentation with applause.

Questions & Comments

Steven Tierney invited member to ask questions, or make comments about the information presented to this point in the agenda.

- Renol Ratchford asked the difference between the Streetwise Project and UFO, adding that there are similarities in what the two projects are finding.
  - ⇨ Paula Lum stated that the Streetwise Project, a collaboration with the Larkin Street Youth Services, deals with a younger population.
  - ⇨ Steven Tierney noted an action item currently being worked on is how to reach young IDUs beyond research in the Polk and Haight Street areas.
  - ⇨ Catherine Geanuracos noted that she is writing a grant to incorporate testing into the Streetwise Program.
- Catherine Geanuracos asked if the numbers of HIV+ youth found in the Polk Street area might be linked to the services available there.
  - She also asked if studies were tracking if services were being accessed.

- ⇨ Paula Lum noted that theirs was not a random sample, and that street outreach tends contact people at higher risk
  - She added that there is a lot of sex work in the Polk area.
- Israel Nieves-Rivera asked if the results showing that most HIV+ IDU are whites is a result of where the outreach was conducted – i.e., Polk and Haight Street areas.
  - ⇨ Paula Lum added that one of the stories they have often heard is that drug users remain in their neighborhoods until, and unless, their habit gets out of control at which point they spend their time and access services in areas like the Tenderloin.
  - ⇨ Alex Kral stated that the epidemic has been mostly among young white males.
  - ⇨ Steven Tierney suggested questioning if youth in the BVHP area are using the same drugs, but not injecting them – or are they using different drugs.

<u>Injection Drug Users and HIV Risk: Update on Programs and Research (Part III): Presentation and Discussion</u>

Steven Tierney introduced Alex Kral, of the Urban Health Study, UCSF, a long time researcher, consultant and participant in HPPC activities. He is noted for his work with the consensus figures which are put together every three years. Steven Tierney pointed out that Alex Kral has done some of the most comprehensive research and assembly of data available, at the same time he reminds various community planners – including the Council – that it is real, live people, not statistics being dealt with.

Alex Kral distributed the document entitled, "*Urban Health Study Addressing HIV Infection & risk in the community with active injection drug users*," a copy of which is available to absent members upon request. The following are excerpts of his remarks not covered in the presentation.

- The Urban Health Study (UHS) deals with IDU of all ages.
- UHS has seen approximately 30,000 people since its inception.
- The outreach manager, Askia Muhammad, has been with the project almost from its beginning, is well known in the communities served (TL, BVHP, SOMA, & Mission), and has entry to places where IDU frequent (such as "*shooting galleries*").
- Some strategies that have worked for UHS include:
  - ⇨ Making services available by moving the field sites with changes to the demographics of the IDU population
    - For instance, for 14 years they set up sites in the Western Addition, but the neighborhood is no longer frequented by IDU;
  - ⇨ Offering same-day appointments and ensuring there are no long waiting periods; and
  - ⇨ Being flexible, non-judgmental, and respectful.
    - This also goes against the population's experience with providers.
- Harm reduction workshops include information on safer drug use, safer sex, overdose prevention, available treatment programs, and the like.
- Counselors have phones available to make immediate referrals.
- When they are ready, HIV+ and high-risk HIV- clients can come into the UHS offices in the Mission for counseling.
- The proportion of female clients has declined from about one-third to one-quarter.
- The use of crack remains significant with over 60% reporting use during the past 30 days.

- The percentage of people in drug treatment receiving UHS service (23%) has increased in the past few years, perhaps as a result of '*Treatment on Demand*.'
- The percentage of HIV+ (14%) increased in 2003 over previous years' average (10%).
- UHS is no longer funded to test for HVC (Hep C).
  - ⇨ They performed about 3,000 tests between 1999 and 2002.
  - ⇨ They found about 90% were HVC Positive, and among people over 40 it was around 95%.
    - However, only about 67% of Positives were aware of their status.
- The risk behaviors by HIV status data includes these activities over the past 30 days:
  - ⇨ Using a syringe and then letting others use it (referred to as "*Distributive sharing*"),
  - ⇨ There remains significant (26%) cooker sharing among HIV+ Heroin users,
  - ⇨ About half the people reported giving or receiving injections
    - Significant because contact with blood is common in such situations
    - This situation needs counseling, and
  - ⇨ Heterosexual Positives are about half as likely to have unsafe sex as negatives, which is much different than among MSM-IDU.

  (Note: The timeframe on the chart is mislabeled and should read, "*the past 30 days*.')
- The MSM-IDU data is for four years so that the results would be statistically significant.
  - ⇨ The percentage of MSM-IDU HIV+ is more than twice that of all IDU (29% v 13%).
  - ⇨ Orientation as self-identified is about 1/3 each – gay, bisexual, and heterosexual.
    - Stark differences in prevalence exist between orientations:
      - * Gay self-identified men are much more likely to be HIV+.
      - * Heterosexually self-identified men are more likely to be heroin users, homeless, and sex workers.
        - Their male-to-male sex is usually in exchange for money, shelter, or drugs.
- The drug use statistic show 61% of MSM-IDU report using heroin in the past month.
  - ⇨ Heroin is rarely discussed among prevention providers.
  - ⇨ Unreported is that almost half (46%) of IDU are injecting both speed and heroin.
- Some of the highlights of the comparisons of MSM-IDU risk behaviors include:
  - ⇨ A higher percentage of HIV+ men report unsafe anal sex (receptive and insertive) than HIV negative men (71% & 72% v 61% & 59%, respectively).
  - ⇨ Data shows no significant behavioral differences found based on serostatus.
- Not included in presentation: The percentage of HIV+ men:
    - Using anti-retroviral medications – about 15%, and
    - In drug treatment – about 12%.
  - ⇨ Both percentages are low compared to overall IDU population.
- Adding STD testing to those sites funded for, and currently doing, HIV testing would be cost-effective and advantageous to all prevention efforts.

The Council expressed its appreciation for Alex Kral's presentation with applause.

<u>Injection Drug Users and HIV Risk: Update on Programs and Research: Discussion and Action Steps</u>

Steven Tierney explained that the purpose of the discussion and action steps is to move the Council toward action in the following ways:

(1) <u>Identify Knowledge Gaps</u>

* Seek more data from these or other researchers, and/or
* Order a study;

(2) Identify Service Needs
* Recommend specific services (for instance, last year HPPC recommended services for men using Methamphetamines);

(3) Refer to a Committee of the Council
* For further discussion and/or elaboration; or

(4) Public Policy Statement
* Where the Council encourages a branch of the government and/or the medical or healthcare establishment to respond to things in a different way.

He invited members and attendees to make comment, ask questions, or make recommendations. He asked that recommendations keep in mind, and include, what sort of action from the above list is being suggested.

Recommendations and Comments

- Steve Gibson suggested action on two fronts:

  (2) Service Needs: Culturally competent, integrated services related to injection drug use and sexual risk behavior, rather than keeping them separate.

  ⇨ Such as the provision of sexual risk intervention combined with needle exchange.

  (4) Public Policy: The Council should take a public stand on the importance of continuing needle exchange.

- John Newmeyer suggested:

  (4) Public Policy: Reach young people between 16-18 years old, before they start using needles with a message such as, "*needles are dangerous; use them carefully, if at all.*"

  ⇨ He stated that the need isn't for additional HVC testing, rather for early prevention.
    - He noted that thanks to research done by the presenters, it is well established that HVC spreads quickly and has saturated the IDU population.

- Frank Strona suggested:

  (2) Service Needs: Insert a provision in the upcoming RFP cycle where agencies funded for HIV also provide Hepatitis (A, B & C) services. He added that Hepatitis should be linked, as a co-factor, to HIV in a way similar to Syphilis.

  ⇨ He noted that in drug treatment providers find clients are have been in and out of programs so often over the preceding year that they haven't been able to tested.

- Michael Cooley asked about UHS' work into the BVHP and surrounding neighborhoods.
  ⇨ Alex Kral stated that they see about 175 IDU in the BVHP every six-months.
    - He added that they draw from a fairly wide area.
  ⇨ Jennifer Lorvick added that they use BVHP as a focus, particularly for the homeless who have been pushed south recently.
  ⇨ She noted that using UHS' services requires a degree of "outing" oneself, which is an obstacle in many neighborhoods.

- Michael Cooley asked about percentage of homeless in the BVHP neighborhood.
  ⇨ Jennifer Lorvick stated that they do identify homelessness and find that about 60% of IDU are homeless, which is almost double what they observed in the past.
  ⇨ Michael Cooley suggested:

(1) Identify Knowledge Gaps: Incorporate drug use into any neighborhood assessments.

- Mike Schement noted that while there wasn't a significant behavioral difference between HIV+ and HIV- MSM-IDU, but there was among MSF/FSM-IDU.
  - He asked if the presenters had a suggestion for dealing with this.
  - ⇨ Jennifer Lorvick suggested going to people who have made a behavioral change and ask them what worked for them.
  - ⇨ Kelly Knight added that CAPS' experience is similar to that reported by UHS.
    - She added that services need to be culturally appropriate, which is difficult because HIV+ MSM-IDU are difficult to find/identify.
  - ⇨ Another attendee (Ken Vail) stated that this population is difficult to reach as they are not gay-identified and are outside of boundaries of any specific community.
- Israel Nieves-Rivera asked if the researchers had any information on how the divide among how people sexually identified differs by race or ethnicity.
  - He explained that such data would be useful when targeting services.
  - ⇨ Alex Kral stated that white MSM are more likely to identify as gay than men of color.
    - He added that many people identify more as an IDU than as a MSM.
  - ⇨ Alex Kral stated that there is a need some qualitative work on what is happening with MSM-IDU; like the Party and Play (PNP) study but qualitative.
- Israel Nieves-Rivera asked if the intervention methodology used by the researchers would be as effective without paying incentives.
  - He pointed out that service providers, who don't pay, compete with studies that do.
  - ⇨ In response, Alex Kral said that there is no intention to compete and suggested that service providers also provide incentives to ensure people get the services they need.
  - ⇨ Steven Tierney noted that this is not likely to be warmly embraced in the current political environment.
- Catherine Geanuracos stated that she has observed in her work a relationship between childhood abuse and high-risk behavior such as IDU and sex work, and suggested the following.

(2) Service Needs: Interventions focused on young people coming out of foster care.

  - ⇨ She noted that there are funds available for this population.
  - ⇨ She also stated that efforts should be focused on young IDU who are at high risk particularly as resources are insufficient to deal with the broader population.
- She stated that many HIV+ IDU are getting healthcare in SF compared to elsewhere.
  - ⇨ Alex Kral noted that they found only 15% of HIV+ IDU are on HAART.
  - ⇨ Catherine Geanuracos stated that this is much lower than other research.
    - She added that there is a continuing problem of HIV treatment providers having difficulty dealing with the IDU population. She suggested the following.

(2) Service Needs: Provide a means by which HIV treatment providers can be comfortable providing services to active IDU.

- Keith Folger asked how many of the MSM-IDUs were recruited from the Castro, particularly in the CAPS work.
  - ⇨ As Kelly Knight had left, Alex Kral responded that the majority were from SF but that there were some in the study from Oakland.

- Keith Folger noted that the majority of HIV seroconversion statistics come from HIV testing sites and that there has been emphasis on testing in the Polk area.
  - ⇨ He wonders, however, if MSM-IDUs in the Castro are being reached.
    - He added that this is the group reported on in the PNP study; who are not doing survival sex, and are using methamphetamines, not heroin.
  - ⇨ Keith Folger suggested the following.

(1) Identify Knowledge Gaps: Research on MSM-IDU in the Castro who may still be working and not accessing public services, but who are HIV+.

  - ⇨ Mike Pendo stated that 30% of participants in the PNP study reported recent injection use. Of those, 95% reported injecting methamphetamine.
  - ⇨ Alex Kral stated that he has long advocated a gay-specific needle exchange, on a delivery basis.
  - ⇨ Keith Folger suggested the following.

(2) Service Needs: Establishment of a needle exchange program on a delivery basis particularly focused on gay MSM-IDU.

- Perry Rhodes III asked if UHS collected information on partners of MSM-IDU.
  - ⇨ Alex Kral responded that they did collect information.
    - He noted that sex work is a contributor to high-risk sex behavior, and that heterosexually identified men are more likely to be doing sex work.
  - ⇨ He added that exploring who the partners are is more a matter for qualitative study than UHS' work, which is quantitative.
- Frank Strona noted the trend among MSM people of injecting steroids and sharing needles.
    - He added that people are not getting needles legally and/or using them and sharing them multiple times.
    - He noted two seroconversions that he is aware of in the last six months attributable to sharing steroid needles.
  - ⇨ Frank Strona suggested the following.

(2) Service Needs: Extending needle exchange by delivery to include steroid users' needs.

  - ⇨ Alex Kral said that he has tried, unsuccessfully, to get research funding to look into sharing needles for the purpose of injecting steroids for HIV and HVC.
- Steven Tierney asked about the transgender community and the use of hormones.
  - ⇨ Alex Kral stated they don't see many from the transgender community.
    - He added that for cultural reasons, a study of the IDU in the transgender population would probably require it be conducted separately.
  - ⇨ Steven Tierney noted that among younger transgendered persons there is a lot of sharing of hormones, needles, and drugs.
- Israel Nieves Rivera stated that the risk of HIV transmission is related to sexual behavior as opposed to drug use.
    - He asked, however, if the same drug used in different ways adds to risky behavior.
  - ⇨ He suggested the following.

(1) Identify Knowledge Gaps: Is there greater likelihood of people engaging in sexual-risk behavior based on how they administer a drug; is one method safer than another?

- John Newmeyer asked about the HIV prevalence trend among MSM-IDU over the last few years.

- Alex Kral responded that in the late 80's the prevalence was about 40%, and that it dipped to about 25% in the mid 90's, but has been rebounding of late and is currently about 30%.

- Lisa Reyes reiterated the need for services in China Basin as identified by Paula Lum and Mary Howe's presentations. She suggested the following:

(2) Service Needs: Provision of needle exchange and other services in the China Basin neighborhood.

- Lisa Reyes also noted that there is a need for support services for outreach workers/front line workers to help take the "harm" out of harm reduction, in other words, how to ensure that frontline outreach workers are not ODing as a result of doing this work.

(2) Service Needs: Support for frontline/outreach workers to prevent ODing

The Council expressed it appreciation for all of the presenters with applause.

Steven Tierney summarized the action items to be referred to the Steering Committee:

- Further look at related risks - such as sex while on drugs, not just the drugs;
- Program in schools regarding using needles safely;
- Provide funds for testing HCV and other STDs at HIV testing sites;
- Look at injection drug use in outlying areas, and see if there are service provisions (needle exchange) in those areas.
- Need further information on the difference in reported orientation among MSM-IDU
  - Which may provide an opportunity to target populations
- Look at the role of incentives in the access to care
- Integrate the role of the youth service provider community in identifying and providing access to young people
- Need to find out why only 15% of MSM-IDU HIV+ are on HAART
  - Are IDU having difficulty being compliant, or is it that providers don't think they would be compliant, or other reasons.
  - The goal of any such study would be to determine what the issue is.
- Are we reaching MSM IDU in the Castro, and other related regions.
  - Particularly the percentage of speed users who are injecting.
- The idea of needle exchange for gay and other MSM, perhaps through a delivery service.
- Look more into the use of needles among young transgendered people, including for injecting hormones.
- Are there different sex-risk behaviors for people using the same drug in different ways - injecting, snorting, smoking, and/or swallowing.
- Need for needle exchange services on Sunday and perhaps later in the evening.
- Need for services for people in China Basin and other areas.
- Need for support services for outreach workers and others dealing with active users.
  - They are at particular danger for relapsing/ODing

Steven Tierney said that these are being referred to the Steering Committee. He added that the minutes would have a complete list. He asked if members have additional action items, to please refer them directly to him.

- Alex Kral noted that nine other cities in California provide needle exchange by delivery, and so the proposal isn't really unusual.
  - ⇨ He noted that many of these places are much more conservative than SF, including Sacramento and San Diego.

Review and Approval of Minutes of April 8, 2004

Motion was made and seconded to accept the minutes of the 04/08/04 meeting. There was no discussion, additions, corrections, changes, objections, or abstentions. The minutes were approved.

HPPC Co-Chairs/Steering Committee Report

Steven Tierney distributed the document entitled, "*HIV Prevention Planning Council (HPPC) Co-Chairs Report, May 13, 2004.*" He added the update that the Health Commission has sent the DPH budget to the Mayor's office. In that budget there is no cut for HIV prevention.

Summary, Evaluation, and Closure of Meeting

Steven Tierney reminded members that new approaches to evaluation are being tried. He added that while there are no representatives of the Process Evaluation Team at the meeting, members should still complete and turn in the evaluation forms.

Adjournment

The meeting adjourned at 5:32 PM.

The members joined the Co-Chair's expression of thanks to all of the presenters with applause.

Minutes prepared by David Weinman.
Minutes reviewed by Tracey Packer.

Reminder: The next HPPC meeting will be held on Thursday, June 10th, 2004
City Hall, Room 201, San Francisco.

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HIV Prevention Planning Council Meeting
Thursday, June 10, 2004
3:00-6:00 pm

City Hall, Mayor's Conference Room, Room 201
San Francisco, CA

Agenda

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	**Welcome, Introductions, Announcements, and Refreshments**	**Israel Nieves-Rivera**
3:15 pm	**Review and Approval of Minutes of May 13, 2004** *(VOTE)*	**Israel Nieves-Rivera**
3:20 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**Israel Nieves-Rivera**
3:30 pm	**Member Response to Public Comment**	**All**
3:35 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. (***POSSIBLE VOTE***)	**Israel Nieves-Rivera**
3:50 pm	**Proposed Systems Capacity Assessment by Neighborhood (SCAN)** Objective: To discuss and vote on the Membership/Community Liaison Committee's recommendation to conduct a SCAN in the Visitacion Valley neighborhood in 2004. *(VOTE)*	**Membership/ Community Liaison Committee**
4:05 pm	**"Fabulous Effects, Disastrous Consequences" Methamphetamine Use and HIV Risk** Objective: To discuss the impact that methamphetamine use has on HIV risk among Latino gay men.	**Rafael Diaz, Ph.D.** Director, César E. Chávez Institute, Professor of Ethnic Studies, San Francisco State University
5:05 pm	***Break***	
5:20 pm	**Discussion and Action Steps on Meth Use and HIV Risk** Objective: To work in small groups to discuss actions that HPPC and its partners can take to address the issues raised in today's presentation.	**All**
5:40 pm	**Update on Action Items from April and May Meetings** Objective: To review and discuss the action items resulting from the April and May Council presentations.	**Israel Nieves-Rivera**
5:50 pm	**Summary, Evaluation, and Closure of Meeting**	**Israel Nieves-Rivera**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:

Membership/CLC: Monday, June 14, 3:00-4:30 PM, 25 Van Ness Ave, 330B
Prevention with Positives: Wednesday, June 16, 4:00-5:30 PM, 25 Van Ness, 330A
New Approaches: Monday, June 21, 5:00-6:30 PM, 330A
Steering: Thursday, June 24, 3:00-5:00 PM, 25 Van Ness Ave, 330A
Evaluation: Thursday, July 1, 3:00-5:00 PM, 25 Van Ness Ave, 330B
Full Council: Thursday, July 8 , 3:00 – 6:00 PM, TBA

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us.

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HPPC
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2004

Item	Action	Resolution
Presentation on risk behavior among Injection Drug Users (J. Newmeyer, 2.12.04)	Steering Committee recommends Council presentation reviewing risk from needle sharing and from sex- May or June.	Presentation by four speakers conducted May 13, 2004. Recommendations made and sent to Steering Comm.
A presentation by Rafael Diaz on interventions dealing with networking and community-level work (J. Marinoff 2.12.04)	Steering Committee recommends this as part of presentation to HPPC on sociocultural context for interventions "putting the themes in the Plan into practice" – May or June.	Scheduled for June 10, 2004
Panel presentation on directly funded agencies (S. Tierney 2.12.04)	After funding determined by CDC.	TBD
Discussion of the Challenges with the ELI System (K. Folger 3.11.04)	Sent to Evaluation Committee 3/04	In Committee.
Clients from Walden House to talk about benefits from Transgender Program at Walden House (J. Johnson 3.11.04)	Invite clients to April 8 meeting to participate in discussion.	Presentation made to HPPC on April 8, 2004.
Discussion of Risk Behavior Studies with African Americans (especially gay men and prevention needs) in San Francisco (CAPS, others) (A. Robertson 3.11.04)	SC suggestion: July or August	TBD

HIV PREVENTION PLANNING COUNCIL
Minutes
June 10, 2004

The next HPPC meeting will be held on Thursday, July 8, 2004
3:00 - 6:00 p.m.
City Hall, Room 201, San Francisco

Members Present:
Barbara Adler
Teresa Betancourt
Matthew Blanchard
Gayle Burns
Edward Byrom
Aaron Cohen
Keith Folger
Catherine Geanuracos
Steve Gibson
Robert Gomez
Janetta Johnson
Thomas Knoble
Joani Marinoff
Marcel Miranda
Israel Nieves-Rivera
Ken Pearce
Renol Ratchford
Perry Rhodes III
Andre Robertson
Tae-Wol Stanley
Steven Tierney

Members Absent:
Chata Ashley
Erick Brown
Michael Cooley
Michael Discepola
Tamika Gonzales
Loris Mattox
John Newmeyer
Gail Sanabria
Mike Schement
Gwen Smith
Frank Strona
Edward Velasco

HIV Prevention Section:
Elizabeth Davis
Vincent Fuqua
Betty Chan Lew
Elizabeth Davis
Eileen Loughran
Claudine Offer
Tracey Packer
Lisa Reyes
Valerie Rose

Guests
Jon Benorden - ISIS
Mychal Collins, Jr. - Walden House
Shanon Corbin
Dr. Rafael Diaz - César E. Chávez Institute (CCI), & SFSU
Jeffrey Farinella - Walden House
Carlos Jimenez- AGUILAS
Gregory Hill - Walden House
Lawrence Miller - Walden House
Marques Jackson - Walden House
Billie Jean Kanios - Walden House
Steve Oxendine
Jorge Sanchez -CCI
Gary Lee Smith - Walden House
Daryl Wann - Walden House

Harder + Co.:
Kym Dorman
David Weinman
Allison Weston

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Welcome, Introductions, Announcements, and Refreshments

Israel Nieves-Rivera called the meeting to order at 3:08 PM. He explained that the Co-Chairs rotate the responsibility for chairing and providing support at each Council meeting. He noted that Community Co-Chair Gwen Smith is out of town attending the African American University. He noted that she was originally scheduled to facilitate the meeting, but do to her absence, he would be chairing and that the rotation of co-chairs facilitating future meetings would reflect this change. He then invited attendees to introduce themselves and make relevant announcements.

The icebreaker was asking members their opinions as to the best and worst of the draft Social Marketing advertisements relating to Methamphetamine (Speed, Meth, or Crystal). Steven Tierney explained that ballots have been distributed for attendees to express their opinions on the proposed campaign.

HIV PREVENTION PLANNING COUNCIL
Minutes
June 10, 2004

Israel Nieves-Rivera announced that during the evening of 06/10/04 Channel 7 will broadcast an interview it conducted of Steven Tierney and himself.

- Barbara Adler distributed a postcard announcing "*Free Anonymous HIV and STD Testing,*" at UCSF-AHP 1930 Market St., part of LGBT Pride and National HIV Testing Day, 06/27/04.
- Marcel Miranda stated that some materials are not getting to members enough in advance of Council meetings.
- Teresa Betancourt announced that this was her last Council meeting, that while membership has been important to her, other parts of her life are demanding her time and attention.
  - ⇨ She added that she would attend meetings from time to time as a community member.
  - ⇨ Tracey Packer pointed out that Teresa Betancourt is finishing her second term on the Council and has been a member for four years.

The Council expressed appreciation to Teresa with applause.

- Tracey Packer announced that Chata Ashley has been ill and at home in bed, but would love to hear from other members.
- Israel Nieves-Rivera announced that Michael Discepola is on leave of absence from Council participation.
- Steven Tierney introduced Claudine Offer a student at San Jose State University who is doing a summer internship at HPS.
- Valerie Rose of the AIDS Office announced the inception of a program entitled, "*Late Night Breakfast Buffet,*" which will do STD and HIV testing in the Polk, Castro, and SoMa neighborhoods.
  - ⇨ She noted that they have hired former HPPC member, Air Bachrach and two others to conduct late night outreach Friday through Monday mornings (1:00 AM to 5:00 AM).
  - ⇨ They will offer harm reduction counseling to their target population of gay/MSM.
  - ⇨ They will offer water and nutritional snacks – with the buffet including needle exchange, counseling, and tests for Chlamydia (CT), Gonorrhea (GC), and HIV.
  - ⇨ They aim to enroll 100 men into the survey over a four or five-month period, and will have follow-up evaluations three months after enrollment.
  - ⇨ They welcome volunteers to help on the van.
  - ⇨ This is a feasibility study to see if people will access late night services.
  - ⇨ They will refer people to other programs, with one of the objectives determining if people referred to daytime services actually access them.
  - ⇨ In response to Barbara Adler's question, Valerie Rose stated that test results were not going to be given in the field, that participants had to follow up at 25 Van Ness due to confidentiality.
    - She added, however, they will be able to treat some STDs.
  - ⇨ In response to Andre Robertson's question, Valerie Rose said that they have not as yet set a schedule or determined locations.
  - ⇨ Israel Nieves-Rivera said that the Council looks forward to the presentation of the results of this study.

The Council expressed its appreciation for this work with applause.

- Catherine Geanuracos updated the Council on the Regional Youth Advisory Board, which had its first meeting.

- ⇨ It is comprised of 12-14 young people ranging in age from 13-24 years old from both Oakland and SF.
- She announced that the CARE Council had a community form during May in the Tenderloin (TL) that attracted about 170 participants.
- She also announced that the CARE Council will have another community forum in the Castro 06/20/04, at the Metropolitan Community Church.

Review and Approval of Minutes of May 13, 2004

Motion was made and seconded to accept the minutes of the 05/13/04 meeting. There was no discussion, additions, corrections, changes, or objections. Robert Gomez and Marcel Miranda abstained. The minutes were approved.

General Public Comment & Member Response to Public Comment

There was none.

HPPC Co-Chairs/Steering Committee Report

Steven Tierney distributed the document entitled, "*HIV Prevention Planning Council (HPPC) Co-Chairs Report, June 10, 2004.*" In addition he and Israel Nieves-Rivera noted the following.

- ⇨ The national HIV Prevention Leadership Summit (HPLS) opens in Atlanta, Georgia on 06/17/04.
  - Israel Nieves-Rivera, Gwen Smith, Teresa Betancourt, Thomas Knoble, Lisa Reyes, and he will represent the SF HPPC.
  - They will convey information presented at recent Council meetings as input to CDC's current process of determining funds' allocations.
  - There is widespread acknowledgement that the direct funding process is flawed.
    - Steven Tierney cited the example of SF that used to have seven funded agencies and after cuts has two, while Florida that had three now has 17.
      - A significant accomplishment for the Governor of that state, Jeb Bush.
  - He expects discussion on the CDC's move toward a "*medical model*" of services.
  - SF's participation will include:
    - Steven Tierney conducting training for Co-Chairs from around the country;
    - Israel Nieves-Rivera speaking at a plenary session; and
    - Lisa Reyes making a presentation on Parity Inclusion and Representation.
- ⇨ He noted that the CDC has funded the HIV Prevention Section to run a pilot program providing HIV Rapid Testing for gay/MSM of color during Pride 2004.
  - Although this is not a particularly good venue to reach men of color at high risk, active outreach will take place, as follows:
    - Testing (Rapid and Conventional) will be offered on the 1st floor of 101 Grove.
    - Booths will be set up at the fair grounds directing people to test site; and
    - A list of outreach at events leading up to the parade is being compiled.
  - There is a need for paid volunteers to do outreach, interested people should contact Steven Tierney or Vanessa Lee at the AIDS Office.

- The efforts will be focused on letting people know about rapid testing, which is both new and complex, and to refer people for the actual test.
- Hopefully this will lead to outreach to underserved groups.

- Marcel Miranda explained that at the local meeting reviewing the CDC's grant, there was support for doing a pilot, but the overall view was negative toward conducting rapid testing at Pride, street fairs and similar sexually charged events.
  - ⇨ One concern raised, he explained, was that there wouldn't be sufficient counseling services available.

<u>Proposed Systems Capacity Assessment by Neighborhood (SCAN)</u>

Israel Nieves-Rivera introduced Andre Robertson, Eileen Loughran, and Lisa Reyes representing the Membership/Community Liaison Committee. They distributed copies of their presentation entitled, "*Visitacion Valley SCAN*," copies of which are available to absent members upon request. The following provides highlights of information presented not found in the presentation document.

- Andre Robertson explained that last year SCANs were conducted in the Tenderloin (TL) and Bayview Hunter's Point (BVHP) neighborhoods.
- The proposed Visitacion Valley SCAN would collect data directly from community members.
- He pointed out that even the location of Visitacion Valley is mostly unknown to SF residents.
  - ⇨ The local landmark is the Cow Palace.
  - ⇨ Generally most people only hear about the neighborhood in news reports of violence.
  - ⇨ Because of a high percentage of people who have been incarcerated, and because the substance abuse rate is high, there is a significant risk of HIV transmission.
- He explained that the SCAN would not require additional funding.
- Eileen Loughran explained that while there are high rates of IDU who are People Living with AIDS (PLWA) needle exchange is not available in the neighborhood.
- Lisa Reyes explained the HPS staff will conduct the SCAN, rather than Harder & Co who conducted both surveys in 2003

Motion was made by the Committee: "*The Membership/Community Liaison Committee proposes that a SCAN be conducted in Visitacion Valley to learn more about HIV prevention needs and assets in the community.*" The Co-Chair noted that a motion made by committee does not require a second. Discussion followed.

- Steve Gibson asked if the other SCANs also used Community Advisory Boards (CABs).
  - ⇨ Lisa Reyes explained that the previous SCANs had used CBAs.
- Steve Gibson then asked if the CABs are time-limited groups or open-ended.
  - ⇨ Tracey Packer explained that in the BVHP started with the Providers Group that met regularly and the decided they wanted to work on the SCAN.
  - ⇨ The TL group was convened for the SCAN, and disbanded after receiving the results.
  - ⇨ Steven Tierney added that there is now an ongoing TL Services Coordinating Committee meeting monthly.
- Joani Marinoff asked if the SCAN gathers information such as: Do people known their sero-status; If they have they been tested, and did they go back and get their results; Do people know where testing is available, and the like.
  - ⇨ Lisa Reyes explained the questionnaire developed by Harder & Company includes basic HIV prevention questions such as: What do you know about HIV; Is there a cure for

HIV, Have you been tested, Do you know where to get tested, etc. She said that any questions can be added to be survey.

- Joani Marinoff noted that the BVHP SCAN indicated a lack of data about HIV rates among African-American women and asked if the proposed SCAN would provide additional data about this group.
  - ⇨ Lisa Reyes stated the SCAN should gather that sort of information, and offered to review the questions with Joani Marinoff for recommendations.
- Thomas Knoble asked if the SCAN would take into account where in Visitacion Valley people live, such as the Sunnydale housing projects.
  - ⇨ Lisa Reyes noted that it would be useful to have specific data and know if people are from the Sunnydale housing projects.
  - ⇨ She added, however, that Visitacion Valley as a whole has high chlamydia (CT) rates.
- Israel Nieves-Rivera asked that since the presentation provided already noted that there are no HIV prevention services in place in Visitacion Valley, would the SCAN be different than those in the TL and BVHP.
- Catherine Geanuracos noted that the high chlamydia rate is probably among adolescents, while HIV rates tend to be among older populations, and so the SCAN should gather data on the extent of cross-generational sex.
- Steven Tierney stated that members are always invited to send questions and suggestions on issues to be addressed to Lisa Reyes, Eileen Loughran, or the Council Co-Chairs.

The question was called. After a reminder of procedure, the Co-Chair reread the motion and asked for additional comment or discussion. There were no other questions or comments. There were no objections or abstentions. The motion was accepted unanimously.

<u>"Fabulous Effects, Disastrous Consequences" Meth Use and HIV Risk.</u>

Israel Nieves-Rivera introduced Dr. Rafael Diaz, Director of César E. Chávez Institute and Professor of Ethnic Studies at SFSU. He noted that Dr. Diaz is well known for research and was the co-principal investigator that launched AGUILAS' HIV prevention program. Copies of the presentation entitled, "*Fabulous Effects, Disastrous Consequences – Stimulant use among Latino gay men in San Francisco,*" were distributed; copies of which are available to absent members upon request.

Dr. Diaz explained that his presentation provides both his most recent data and the voices of Latino gay men involved in the use stimulants in SF. Although his research focused on this particular ethnic group, the findings are applicable to all gay/MSM. He explained that he would, nonetheless, point out where Latino gay/MSM are particular impacted by the use of stimulants. The following are highlights of information provided in addition to that found in the document distributed.

- In the presentation, "*effects*" refer to how people feel when on Meth, and the "*consequences*," refers to the impact of use in the rest of the users' lives.
- The risk of HIV transmission is only one of many consequences of Meth use.
- The research had three phases:
  - ⇨ First, very rich qualitative data (gathering of the "*Voices*")
    - To determine what is going on from the perspective of the individuals;
  - ⇨ Second, creation of surveys and instruments of measurement

- To understand the size of the problem as well as the relationship between qualitative factors; and
  - ⇨ Third, assembling quantitative data.
- The effects of using Meth include a sense of invincibility, being without pain, sexual prowess, and feeling young, energetic and beautiful.
  - ⇨ Meth's effects are a good match to the components necessary to be culturally successful, and sexually validated in the gay male community of SF.
- The downside consequences to Meth include physical distress, rubbing one's genitals raw, emotional and psychological distress, and paranoia.
- The important question is, "*Is worth it*," or, "*Are the users getting what they want*," and the consensus of the participants was clearly, "*No*."
  - ⇨ He noted some momentum in the community to recognize the horrors of Meth use.
- Participants were recruited from: 1) sex clubs and public sex venues, 2) Latino identified gay bars, 3) Non-Latino specific (Mainstream) gay bars, and 4) Internet and chat-rooms.
- One of the study's objectives was to determine the differences between Cocaine and Meth.
- Other studies have found that about 25% of Latino MSM in urban areas are HIV+.
  - ⇨ This study found 23% self-reported being HIV Positive, which seems somewhat high because the sample was much younger than the median Latino gay/MSM population.
- He highlighted that the use of Cocaine and Meth is particularly high among those participating in Cyber-sex (31 and 63%, respectively), the reasons include:
  - ⇨ Cyber-sex as it is purely about sex,
  - ⇨ Faster getting drugs and sex on-line than ordering a pizza,
  - ⇨ No need for communication,
  - ⇨ Available at all hours, and
  - ⇨ Both Cyber-sex and Meth are solitary and isolating.
- In accord with the idealized lifestyle, overall men are using stimulants to be energized.
- In order of most frequently cited reasons for using stimulants: Energy, Sexual enhancement, Social connection, Coping with stress, and Focus/Productivity.
  - ⇨ Reasons cited for the use of Cocaine and Meth are obverse for sexual and social purposes, with Meth being favored for sex and Cocaine for socializing.
- There is a clear pathway from Cocaine to Meth use.
  - ⇨ Meth is also cheaper and more available.
- Important aspects of Sexual enhancement, include:
  - ⇨ A greater sense of passion;
  - ⇨ Focusing on sex while putting everything else to the side (including HIV); and
  - ⇨ Increases the awareness of anal sex in a sexual context/making anal sex easier.
- An important aspect of the use of Meth is a sense of social connection, fitting in, because people believe they are experiencing the same thing as others.
- The most commonly cited perceived sexual effect of using stimulants was that users report having had sex without guilt or shame.
  - ⇨ This is particularly significant to Latino gay/MSM who tend to carry a lot of guilt about homosexuality.
- The major differences in perceived sexual effects between Meth and Cocaine is that sex lasts longer, feels better, and users are "*hornier*" when using Meth.
- There is, nonetheless, a high recognition of the negative consequences of using Meth.

- ⇨ This was much higher than the acknowledged negative consequences of using Cocaine.
- ⇨ A high percentage of users report: paranoia, social isolation, and sexual dissatisfaction/risk.

- The data shows that the biggest predictor of sexual risk behavior is using Meth and not communicating.
- Demonstrating the correlation between stimulants and risk behavior, participants reported:
  - ⇨ 55% and 36% state they have been at risk while using Meth or Cocaine, respectively;
  - ⇨ While only 26% of those who did not use stimulates reported having been at risk during the previous 6 months.
- The data clearly shows that Meth users were far more likely to engage in sexual risk behavior than Cocaine users.
- Frequency of use and social isolation were both found to have a strong connection to sexual risk behavior.
  - ⇨ The more frequent the use of Meth, the more socially isolated and the more likely the user was to engage in risky behavior.
  - ⇨ Isolation was measured by the number of people the participant talked with regularly, went out with, and in general provided support compared with a year ago.
- Conclusions include that:
  - ⇨ Meth users prefer certain venue types, preferring Cyber-sex over parks or clubs for quick anonymous contact.
  - ⇨ Use of Meth is geographically, interpersonally, and psychologically ingrained with sex in the minds of many gay men.
  - ⇨ Men using stimulants do so for multiple purposes.
    - Meth, however, is used more for sexual than social purposes.
- Dr. Dr. Diaz talked about his thoughts for intervention. He has applied for grants for the intervention listed:
  1. Social Marketing asking, "*Is it worth it?*"
  2. Helping concerned friends help.
     - Friends, family, lovers surrounding Meth users are often concerned and need help with how to talk with users in a nonjudgmental way.
     - The research found friends confronting users in a moralistic way to be the most important predictor of isolation, as such confrontation leads to separation.
  3. Culturally sensitive substance abuse treatment.
     - In addition to Latino issues that need to be addressed, treatment needs to deal with what it means to be a successful gay man.

<u>Questions and Comments</u>

- Steven Tierney asked if the participants are at more risk for HIV than they are aware because the "*risk perception*" is 55% while actual "*risk behavior*" is 73% while using Meth.
  - ⇨ Dr. Diaz explained that the higher actual behavior was due to people participating in unprotected anal intercourse (UAI) with partners known to be HIV-.
- Matt Blanchard asked if the survey included questions about where people are getting Meth.
  - ⇨ Dr. Diaz stated that access in SF is easy and often free.
- Matt Blanchard followed up by asking if young good-looking Latino men find it easy to get free Meth from young men or from older men.

- ⇨ Dr. Diaz said that the data shows that there is a lot of "*Sexual Exchange*" involved with Meth, that at times the drug is the only capital men bring to the exchange.

- Tae-Wol asked about the use of Crack, and if the study classified it as Cocaine or Meth.
  - ⇨ Dr. Diaz stated Crack is more similar to Meth in its effects while not having the social characteristics of Cocaine.
  - ⇨ He noted a predictable progression of use of stimulants: from ingesting/snorting, to smoking, to injecting – including inserting anally as in booty bumps.
  - ⇨ There is a correlation, he pointed out, between means of use and addiction.
  - ⇨ He then introduced Jorge Sanchez, who conducted much of the qualitative research and interviews.
  - ⇨ Jorge Sanchez stated that the sample didn't focus on Crack use/users.
    - He noted a study limitation was that most participants referred to their drug of choice as, "*Tina*" which is presumed to be Meth, but may refer to other stimulants.
- Catherine Geanuracos stated that Cocaine is much more expensive than Meth, and with the high percentage of participants' unemployment, if the study found a relationship between cost and use.
  - ⇨ Dr. Diaz stated that he didn't see economic difference.
  - ⇨ Keith Folger said that Cocaine and Meth are about same price, but Meth lasts longer.
    - He added that this could account for some of the transition from Cocaine to Meth.
- Marcel Miranda asked if the study found anything on the use of Meth as a weekend drug versus binge use – or using it in "*runs*."
  - ⇨ Dr. Diaz observed a very important correlation between binge use and risk behavior.
    - He added that use lasting for several days is more significant than frequency of use.
    - He also pointed out that this study found a common pattern in binge use consisting of: constant use for ten days, cessation for three days, and then a starting up again.
  - ⇨ Jorge Sanchez said another finding made it very clear that high risk behavior episodes almost always happens at the end of a binge.
  - ⇨ Dr. Diaz added that researchers were struck by how unsatisfied these men seem to be with the quality of their sex.
    - While they are unsatisfied, they want to have more sex– a contradiction that needs more investigation.
    - He suggested a full gay community exploration of why people are so dissatisfied.
- Marcel Miranda then asked what was most surprising in the study's findings.
  - ⇨ Dr. Diaz said that he was surprised by how widespread and how bad the consequences are, with some men referred to using Meth as, "*Losing their souls*."
  - ⇨ He was also surprised by how Meth's effects fit the demands of gay culture such as:
    - The definition of what it means to be masculine (energetic, stamina, aggressive),
    - What it means to be successful, beautiful, and sexy (doing it all, youthful energy, lack of inhibition), and
    - What is involved in being valuable in the culture.

    In all, the ideal established in Gay culture is unobtainable.
    - Meth has been successful in finding a niche among Gay men because its effects mirror the culture's expectations.
  - ⇨ The gay community, he emphasized, needs a cultural change.

  - The overriding issue isn't the use of stimulants, it is that the culture makes demands on participants that can not be fulfilled.
  - ⇨ This culture has created, "*A brutal sexual marketplace*" that all but requires most participants to enhance their performance by using something like Meth.
- Marcel Miranda then asked if there is anything that the prevention community should be doing that it isn't regarding Cyber-sex interventions.
  - ⇨ Dr. Diaz said that it isn't a good idea to have an intervention where people are looking for sex, that intervention is better at those places where men look for help.
  - ⇨ He added that interventions should focus on the Meth users' isolation.
- Barbara Adler noted that in her experience different stimulants tend to be trendy for awhile citing Cocaine's popularity years ago.
- She then asked if the research found people are using Meth for/with workouts.
  - ⇨ Dr. Diaz responded that they didn't find such use.
- Barbara Adler then asked if the research measured depression.
  - ⇨ Dr. Diaz said the research found depression to be one of the regularly cited negative effects, however, the data analysis isn't as yet complete.
    - He added that there is a connection with his previous work's findings – that factors such as being Gay, Latino, and/or poor, and being a victim of racism, and/or homophobia are predictors of substance abuse as well as mental health issues.
- Andre Robertson noted that when people start using drugs they may be young and beautiful.
    - He asked, what happens when they are no longer young and beautiful?
    - He also asked what the research found regarding the hard-core addicts, wondering if they stop having sex.
  - ⇨ Dr. Diaz noted for older users the drug tends to make them feel young and beautiful.
  - ⇨ He added that the research hasn't focused on older users; however, they haven't found a sustained tolerance for Meth use (unlike the use of Heroin).
- Andre Robertson asked about interventions for people who couple sex and drug use, particularly those who started the connection in their teens.
  - ⇨ Dr. Diaz pointed out that while the study wasn't about interventions, the research found that sex and stimulants are intertwined on many levels including culturally, psychologically, and geographically.
  - ⇨ He suggested interventions surrounding questions such as, "*Why are you still sexually dissatisfied*," or, "*What are you missing*," or, "*Why is there a hole in your heart?*"
  - ⇨ He also proposed refocusing on the joys of life that are missing when they are high.
- Gayle Burns noted that some of her clients hear voices and become psychotic with sustained use of Meth.
  - ⇨ Dr. Diaz stated that paranoia and hallucinations are frequent among Meth users.
  - ⇨ Recently he was at a conference regarding the latest studies of what Meth does to the brain chemistry and tissue and saw brain MRIs that were terrifying.
  - ⇨ Steven Tierney added that, unlike many other drugs, Meth's effects appear not to clear up over time.
- Ed Byrom asked about the treatment of the mental health issues caused by Meth use.
  - ⇨ Dr. Diaz asserted that treating only the use of Meth will not address the psychological effects involved in the drug's use.

- The horrendous psychological consequences to the individual cannot be effectively addressed outside of the cultural context.

⇨ He nonetheless suggested the best treatment path would be a client-oriented approach, with an interview technique while respecting harm reduction principles.

⇨ He suggested asking, "*Is it worth the price are you paying,*" and, "*Are there other ways of connecting sexually that are actually satisfying?*"

⇨ He said that his recommendation would be to connect to people's expectations - what is the function of the drug, why is the drug being used.

⇨ He pointed out that whatever function the drug plays, would still have to be met - the objective would be to find ways of fulfilling the function without the consequences of using the drug.

- Joani Marinoff asked how this research links to other research Dr. Diaz has done, particularly in relation to cultural interventions.
  - She added that intervening at the structural level is difficult for prevention service providers because of funding restrictions.
  - She asked what a Social Marketing campaign would look like that redefines what it means for a man to love another man, or what it means to be a gay man in SF.
    * She suggested using a model similar to recent anti-tobacco campaigns.
  - She also pointed out that the Gay cultural ideals are reactive and are examples of how "*Hetero-sexism,*" and old masculinity stereotypes that hurt gay men.
- Dr. Diaz said that over the past ten years he has learned that there are two somewhat contradictory influences at work in the gay community:

⇨ **Cultural Connections** - such as political, social, spiritual, athletic, musical, etc groups and events where gay men can integrate their gayness with the rest of their lives.
  - This is an undoing of the separation of their sexuality with the rest of their identity.

⇨ **The Sexual Marketplace** - where gay men become the objects of each other's pleasures
    * This is actually a continuation of the split between sexuality and identity as it promotes gay men being other than who they are, such as being hyper-masculine.

⇨ If one has the wherewithal one can dip into the Marketplace, play around, and then jump out, because the Marketplace can not define the whole of that person's social identity.
  - However, due to persistent racism and classism, gay men of color, and the poor have less opportunity to make social connections outside of that Marketplace.
  - Men with Cultural Connections tend to be white and middle-class.

⇨ Gay men of color tend to have only the Sexual Marketplace as a means of connecting with their sexuality.

⇨ The Sexual Marketplace is a continuation of the hatred of the larger culture.
  - The Marketplace's is a self-fulfilling prophecy engendered by homophobia.
  - And it is a brutal place.

⇨ Isolation drives gay men to the Sexual Marketplace, which in turn further isolates them leaving participants feeling empty.

⇨ The Marketplace is also a '*Sacred Cow*' in the gay community, with all cultural criticism labeled as homophobic.

- ⇨ To redefine the culture he suggested the Gay community ask, "*Can we have sex with all of who we are,*" "*Can we have sex with those we love,*" and "*Can we connect intellectually, emotionally, physically, and spiritually?*"
  - The community must also ask, "*When will the same opportunities be available to men of color and the poor?*"

The attendees responded to these remarks with enthusiastic applause.

- An audience member asked where would be the best place(s) for intervention.
  - ⇨ Dr. Diaz suggested several opportunities for intervention including:
    - Stepping in when men are questioning what they are doing;
    - Working on the isolation issues including dealing with friends and families of users;
    - Training medical and service providers in the cultural issues discussed, and
    - Creating safe spaces where actively using men can make contact with services.
  - ⇨ He highlighted, however, that doing interventions in sex venues not effective.
  - ⇨ He also reminded attendees that the HIV risk involved in Meth use is sex.
- Steve Oxendine noted that the findings reported are consistent with a number of other studies although Dr. Diaz' work focused on a specific ethnic group – Latino gay men.
    - He added that all of the research he has seen points to policy regarding social causes of risk behavior.
    - He asked Dr. Diaz if his work is being allowed to impact social-political policy.
  - ⇨ Dr. Diaz stated that work takes place on several levels, and that he sees presentations such as this one to the HPPC as an opportunity to impact social policy.
  - ⇨ He pointed out that he has been horrified by how few interventions are actually in place.
  - ⇨ The negative Social Marketing campaigns, he added, do not attempt to address the cultural roots of the problem.
- Dr. Diaz observed that one of the things that happened at the beginning of the HIV epidemic is that the whole community said, "*This is killing us. Us. It is our problem and we have to do something about it.*"
  - ⇨ More recently, however, HIV has become an issue for public health professionals.
    - The gay community lost the sense of "*We-ness*" and has left dealing with new people getting infected to others.
    - At the same time, he pointed out, there has been a reduction in prevention funding.
  - ⇨ The gay community needs to organize a reaction to the new epidemic – without regard to what the government chooses to fund, or ignore.
  - ⇨ Most people remain unaware of the connection between Meth and HIV.
    - Meth users ("*Tweakers*") have become just another, "*Them.*"
  - ⇨ The gay community needs to put the "*we*" back into prevention.
- Steve Oxendine then asked if the problem is the use of the drug, or the circumstances surrounding it.
  - ⇨ Dr. Diaz responded that the recent epidemic is a natural outcome of circumstances.
    - Where the work should be done is at a community-grounded level.
    - While the importance of policy should not be underestimated, he noted that there is often a gap between policy and action.
  - ⇨ He described the current environment as a "*Cultural malaise*" regarding the gay community addressing the cultural changes that need to be made.

- That most meaningful work being done looks at the whole of gay health/wellness.

- Guest Jeffrey Farinella said that people need a vision that is larger and more meaningful than the drug or the social factors the user believes the drug addresses.
  - ⇨ In response to Dr. Diaz asked, "*What would that be like?*"
  - ⇨ Jeffery Farinella suggested something like "*The Church,*" or a philosophy.
- Israel Nieves-Rivera asked if participants in the study were already connected to, or participating in, services.
  - ⇨ Dr. Diaz responded that some, but not all were connected.

The Council and guests expressed its appreciation for Dr. Diaz' presentation and comments with vigorous applause.

<u>Discussion and Action Steps on Meth Use and HIV Risk</u>

Israel Nieves-Rivera reminded the attendees of the four types of action the Council can recommend:

(1) The Council Take Action
(2) The Co-Chairs take action;
(3) The DPH take action; or
(4) What we charge ourselves as Community Members take action.

He then opened the floor to action suggestions.

- Keith Folger suggested funding how to train friends, and loved ones to intervene before Meth users become "*Strung out*" and isolated.

He recommended action to be taken by the DPH (3).

- Joani Marinoff suggested developing a "*Cultural Revolution.*"
  - ⇨ She explained that this would involve doing interventions around cultural items.
  - ⇨ Perry Rhodes, III added to this suggestion by recommending the RFP encourage culturally influential service providers address cultural issues.
    - He also noted that cultural change could become part of the Empowerment Project, which is an approved intervention recognized by the CDC.

They recommended action be taken by the DPH (3).

- Catherine Geanuracos suggested identifying the options available for Meth treatment.
  - ⇨ She noted that while she doesn't know how much evaluation work has been done on available treatment, but that it is clear that treatment options are needed.
    - She added her experience with the CARE Council tells her that good treatment options for Meth users do not exist.
  - ⇨ In response to a question from Israel Nieves-Rivera she clarified her suggestion, proposing that funding be found from Behavioral Health, Substance Use, and/or the HIV Treatment Sections to identify or develop treatment options.

She recommended action be taken by DHP (3) and/or the Council's New Approaches to Prevention Committee (1)

  - ⇨ Steven Tierney noted that DPH asked Mayor Newsom to set up a citywide Working Group on Meth use, and he has agreed to do so.
    - The group will include representatives from DPH, the Police Department, the DA's office, and (hopefully) Dr. Diaz or others from the research community.

- ⇨ He also noted that an internal DPH internal Meth treatment Working Group whose findings include:
  - The only treatment available currently is outpatient at New Leaf and Stonewall,
  - Scientific research indicates that there is isn't significant impact prior to 18 months of residential care
    - Although no one, anywhere, is funding 18 month residential program, and that
  - Some peer-based treatment work being done in LA seems promising,
- ⇨ He asked if attendees hear of successful treatments anywhere in the world to please let the Council know about it.

- Marcel Miranda suggested the Council, with its prevention prioritizing authority, prioritize culturally accessible and innovative interventions dealing specifically with Crystal.

He recommended action be taken by the Council (1).

- Barbara Adler suggested Social Marketing addressing the cultural issues discussed.
  - ⇨ She added that in face of budget cuts, the Council and the community may need to find a way to do it themselves.
  - ⇨ She also suggested the messages reach the various types of providers dealing with HIV and substance abuse; including prevention services, medical/healthcare and others.

She recommended action be taken by the Council (1) and as Community Members (4).

- Steve Gibson cautioned the Council about two topics being discussed:
  - ⇨ First, he stated that when confronted about their drug use people tend to push away even close friends.
    - He added that moralistic Social Marketing, whether from the Council, providers, or loved ones also serves to further isolate users.
  - ⇨ Second, he noted that gay men objectifying each other is one of the most difficult things to deal with in the gay community.
    - Some objectification, he noted, is two sided.
    - Cultural change regarding objectification won't come from an RFP, or an externally funded program; it will have to come from gay men within the community.
- Gayle Burns stated that a lot of the Native community use Meth and get involved in Cyber Sex, but if people don't see themselves in the Social Marketing they don't pay attention.
  - ⇨ She suggested that diverse images be used in any campaigns.

She recommended action be taken by the Council (1) and the DPH (3).

- Israel Nieves-Rivera noted that it was important that the council and community receive this information. He noted that participants in AGUILAS programs have not raised the concerns around Meth use as a top concern but have raised concerns about other co-factors such as economic issues are their top priority, rather than Meth use and HIV prevention.
  - ⇨ He suggested the DPH and the Council look at educating providers in focusing clients' attention on the relation between Meth use and HIV.

He recommended action be taken by the DPH (3) and the Council (1).

- Matt Blanchard suggested research on the Internet in relation to Meth and HIV, including intergenerational relationships, and focusing on developing effective outreach and cyber-interventions.
  - ⇨ He also suggested soliciting support for research from businesses involved with Internet connections, such as Planet Out.

- Catherine Geanuracos asked if there are representatives from the Internet industry on the DPH's Working Group, adding if not there should be.
  - ⇨ Matthew Blanchard added they understand the culture.

He recommended action be taken by DPH and the Council.

- Thomas Knoble said that the cultural changes discussed rely on people setting life objectives and goals.
  - ⇨ He suggested developing training about life directions as an intervention.
  - ⇨ He also suggested that the Membership Committee could begin such development.

He recommended action be taken by the Council (1) through its Membership Committee.

- Dr. Diaz reiterated that he sees three opportunities for intervention -
  1. Social Marketing asking questions such as: "Is it worth it," and, "What am I doing with my life."
  2. Energizing people who are concerned, by promoting people helping others.
     - Such as intervention with concerned friends of Meth users.
     - He suggested conducting focus groups with concerned friends.
  3. Train providers regarding the culture of the gay community.
  - ⇨ Interventions should promote self-action.
  - ⇨ He noted that while the cultural issues ultimately have to be addressed by the community.
  - ⇨ He offered to bring his data to bear in support of community action.
- Matthew Blanchard stated that there are many brilliant minds focusing on the "*why-s*" of the HIV and the substance abuse epidemics, what is needed are innovative programs that respond to the cultural issues behind the epidemics.
- Andre Robertson suggested Dr. Diaz make a presentation to Community Substance Abuse Section (CSAS), particularly since substance abuse and HIV are so intertwined.
  - ⇨ He added that given the current round of budget cuts a way should be found for the HPPC and CSAS to work together.

He recommended action be taken by the DPH (3).

- Andre Robertson stated that the community knows what needs to be done, and suggested conducting a series of community dialogues.
  - ⇨ He suggested the Council provide wherewithal for community members to organize and talk about the actions they think need to take place.

He recommended action be taken by the Council (1).

- Keith Folger stated that the real issue is about gay men's health, adding that HIV is primarily a gay men's health issue which fits perfectly into a holistic approach.

Israel Nieves-Rivera noted that Dr. Diaz's presentation had been a Parking Lot item and he thanked Dr. Diaz for speaking to the HPPC.

The attendees once again expressed its appreciation to Dr. Diaz with applause.

Update on Action Items from April and May Meetings

Israel Nieves-Rivera distributed the document entitled, "*Recommendations and Action Steps From Brainstorm May 13, 2004,*" a copy of which is available to absent members upon request. He

explained that the next step is to determine who is to take action on those items. He then invited members to comment and make referral suggestions regarding these Action Steps.

He also distributed a document addressing suggested action to be taken entitled, "*Recommendations and Action Steps for MTF and FTM Communities From Brainstorm April 8, 2004,*" a copy of which is available to absent members upon request.

- Steven Tierney added that the Brainstorm from the 04/08/04 meeting in April dealt with the issues raised in both the March and April Council meetings.
- He reminded members that the 05/13/04 Council meeting focused on IDU.
- Israel Nieves-Rivera pointed out that the recommendations for action steps regarding the Transgender communities shows both who should take action and the priority.

The following summarizes the Council's recommendations.

1. Knowledge Gap

Item	Refer To:	Comment(s):
Incarparate drug use questians inta any neighbarhaad assessments	HPPC - Cammunity Liaisan Camm.	Israel Nieves-Rivera suggested questians alsa be added ta any research seeking the Cauncil's appraval.
Research an gay IDU in the Castra wha may still be warking and nat accessing public services, but wha are HIV+.	DPH	Barbara Adler suggested including this questian in all funded research. Israel Nieves-Rivera suggested starting with the Research Sectian.
Understanding if there (is) greater likelihaad af peaple engaging in sexual-risk behaviar based an haw they administer a drug; is ane methad safer than anather?	HPPC - Barbara Adler	Jaani Marinaff suggested this infarmatian already exists. Barbara Adler valunteered ta laak inta if the data is available.

2. Service Needs

Item	Refer To:	Comment(s):
Culturally campetent, integrated services related ta injectian drug use and sexual risk behaviar, rather than keeping them separate.	DPH - cansideratian in the RFP	
Insert a pravisian in the upcaming RFP cycle where agencies funded far HIV alsa pravide Hepatitis (A, B & C) services.	DPH - cansideratian in the RFP	Barbara Adler cautianed that this is difficult, camplex, and expensive. Israel Nieves-Rivera stated that praviders funded far ane issue (i.e., HIV) tend nat ta talk abaut ather items (STDs, etc.). Jaani Marinaff suggested changing "*services,*" ta "*educational referrals.*" Marcel Miranda suggested changing "*provide,*" ta "*strongly encourage.*"
Interventians facused an yaung peaple caming aut af faster care ta address sexual abuse issues.	DPH - Department af Health Services (DHS)	

Item	Refer To:	Comment(s):
Provide a means by which HIV treatment providers con be comfortoble providing services to active IDU.	DPH - A Troining Issue	
Estoblishment of a needle exchange progrom on o delivery bosis particularly focused on goy IDU.	HPPC - SF Leodership Initiotive	◦ Steven Tierney stoted this requires politicol/legislotive oction in Colifornio.
Extending needle exchonge by delivery to include steroid users' needs.	Community Member & SF Leodership Initiotive (SFLI)	◦ Steven Tierney noted thot steroids use different needles thon used by IDU.
Provision of needle exchonge ond other services in the Chino Bosin neighborhood.	DPH - considerotion in the RFP	

3. Public Policy

Item	Refer To:	Comment(s):
Reach young people between 16-18 yeors old, before they stort using needles.	HPPC - New Approoches Comm. ond SFLI	
The Council should toke o public stond on the importance of continuing needle exchonge.	Everyone	◦
Expond the number of legol, obove ground, needle exchonge providers. SF DPH could ollow medicol morijuona providers to exchonge needles.	DPH - considerotion in the RFP	◦ Steven Tierney noted thot DPH funds four needle exchonge progroms.
Expand the stote of emergency to ollow SF phormocies to provide cleon needles w/o prescription.	DPH/HPPC policy issue	◦ Steven Tierney noted thot the former Governor Dovis vetoed this and new legislotion would need presented to the current Governor. ◦ Responding to severol questions, Steven Tierney exploined thot exponding needle exchange is not covered by the Stote of Emergency is currently written.

Summary, Evaluation, and Closure of Meeting

Israel Nieves-Rivera called members' attention to the document entitled, "*Behavioral Risk Populations (BRPs) Guide to Abbreviations*," a copy of which is available to absent members upon request. He noted that the abbreviations have been updated from the 2004 Plan. Before the document is finalized and laminated for use during future meetings, he invited members to email the HIV Prevention staff or Co-Chairs with any suggested changes.

He also asked members to email Steven Tierney with any additional comments they may have regarding the proposed Social Marketing campaign reviewed earlier.

He then reminded members that a new approach to evaluation is being tried, that although there are no representatives of the Process Evaluation Team at the meeting, members should complete and turn in the Evaluation forms to the envelope provided or to staff.

Adjournment

Motion was made and seconded for adjournment. There was no comment, objection or abstention. The meeting adjourned at 5:59 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Tracey Packer and Israel Nieves-Rivera.

Reminder: The next HPPC meeting will be held on Thursday, July 8th, 2004
City Hall, Room 201, San Francisco.

HIV Prevention Planning Council Meeting
Thursday, July 8, 2004
3:00-6:00 pm

City Hall, Mayor's Conference Room, Room 201
San Francisco, CA

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Agenda

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	**Welcome, Introductions, Announcements, and Refreshments**	**Gwen Smith**
3:15 pm	**Review and Approval of Minutes of June 10, 2004** *(VOTE)*	**Gwen Smith**
3:20 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**Gwen Smith**
3:30 pm	**Member Response to Public Comment**	**All**
3:35 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. *(POSSIBLE VOTE)*	**Gwen Smith**
3:50 pm	**2005 Cooperative Agreement Application: Review CDC Guidelines and HPPC Timeline for Development of Application** Objective: To understand the CDC guidance for 2005 and to plan the discussion of HPPC priorities for the application.	**HPS Staff/HPPC Members**
4:20 pm	**CDC Directly Funded Community-Based Organizations: San Francisco Programs, 2004** • **Lance Toma, Asian and Pacific Islander Wellness Center** • **Francis Broome, Black Coalition on AIDS** • **Maritza Penagos, Native American Health Center** Objective: To hear from representatives of the newly funded organizations about the programs that began July 1, 2004.	
5:05 pm	***Break***	
5:15 pm	**Changes in CDC Funding: Discussion of Gaps in Service** Objective: To review current CDC direct funding and identify any new gaps in service.	**Gwen Smith/HPPC Members**
5:50 pm	**Summary, Evaluation, and Closure of Meeting**	**Gwen Smith**

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Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:
Membership/CLC: Monday, July 12, 3:00-4:30 PM, 25 Van Ness Ave, 330B
New Approaches: Monday, July 19, 5:00-6:30 PM, 330A
Prevention with Positives: Wednesday, July 21, 4:00-5:30 PM, 25 Van Ness, 330A
Steering: Thursday, July 22, 3:00-5:00 PM, 25 Van Ness Ave, 330A
Evaluation: Thursday, August 5, 3:00-5:00 PM, 25 Van Ness Ave, 330B
Full Council: Thursday, August 12 , 3:00 – 6:00 PM, TBA

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Item	Action	Resolution
Presentation on risk behavior among Injection Drug Users (J. Newmeyer, 2.12.04)	Steering Committee recommends Council presentation reviewing risk from needle sharing and from sex-May or June.	Presentation by four speakers conducted May 13, 2004. Recommendations made and sent to Steering Comm.
A presentation by Rafael Diaz on interventions dealing with networking and community-level work (J. Marinoff 2.12.04)	Steering Committee recommends this as part of presentation to HPPC on sociocultural context for interventions "putting the themes in the Plan into practice" – May or June.	Presented to HPPC on June 10, 2004.
Panel presentation on directly funded agencies (S. Tierney 2.12.04)	After funding determined by CDC.	Scheduled for July 8, 2004.
Discussion of the Challenges with the ELI System (K. Folger 3.11.04)	Sent to Evaluation Committee 3/04	In Committee.
Clients from Walden House to talk about benefits from Transgender Program at Walden House (J. Johnson 3.11.04)	Invite clients to April 8 meeting to participate in discussion.	Presentation made to HPPC on April 8, 2004.
Discussion of Risk Behavior Studies with African Americans (especially gay men and prevention needs) in San Francisco (CAPS, others) (A. Robertson 3.11.04)	SC suggestion: July or August	TBD

San Francisco

HIV PREVENTION PLANNING COUNCIL

Minutes

July 08, 2004

The next HPPC meeting will be held on Thursday, August 12, 2004
3:00 - 6:00 p.m.
City Hall, Room 201, San Francisco

Members Present:
Barbara Adler
Gayle Burns
Edward Byrom
Michael Cooley
Catherine Geanuracos
Robert Gomez
Tamika Gonzales
Marcel Miranda
John Newmeyer
Israel Nieves-Rivera
Ken Pearce
Renol Ratchford
Perry Rhodes III
Andre Robertson
Gwen Smith
Tae-Wol Stanley
Steven Tierney
Edward Velasco

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Members Absent:
Chata Ashley (on leave)
Matthew Blanchard
Erick Brown (on leave)
Aaron Cohen
Michael Discepola (on leave)
Keith Folger
Steve Gibson
Janetta Johnson
Thomas Knoble
Joani Marinoff
Gail Sanabria
Mike Schement
Frank Strona

Harder + Co.:
Kym Dorman
David Weinman
Allison Weston

Process Evaluation Team:
Kathleen Roe

Guests
Francis Broome - BCA
Christopher Cheta
Billie Jean Kanios - Walden House
Luis Martinez - BCA
Steve Oxendine
Lance Toma - APIWC
Luciana Tsay - TNDC
Hank Wilson - TARC

HIV Prevention Section:
Vincent Fuqua
Betty Chan Lew
Eileen Loughran
Oscar Macias
Claudine Offer
Tracey Packer
Lisa Reyes
Douglas Sebesta

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Welcome, Introductions, Announcements, and Refreshments

Gwen Smith called the meeting to order at 3:09 PM. She asked attendees to introduce themselves and to make relevant announcements.

- Ed Velasco announced that this would be his last Council meeting.
  - ⇨ The attendees joined Gwen Smith in thanking him for participating in the HPPC. Gwen presented him with a certificate of appreciation.
- Renol Ratchford announced that the Sexual Minority Alliance of Alameda County (SMAAC) in Oakland is trying to purchase a building.
  - ⇨ He explained that this is a great resource for young people throughout the Bay Area.
  - ⇨ As a way of raising funds, they have designated July as Lesbian, Gay, Bisexual, and Transgender Queer Identified (LGBTQI) Safety Month in the greater Bay Area.
  - ⇨ They have produced and are selling green and gold ribbons symbolizing: growth, safety, prosperity, and harmony.
- Vincent Fuqua announced a community forum on racism in the gay community at the LGBT Center 07/08/04 from 7:00 to 9:00 PM.

- He also announced the Partner Disclosure Assistance Program (PDAP), sponsored by the HIV Prevention Section (HPS).
  - ⇨ He distributed PDAP brochures and postcards dealing with status disclosure entitled, "*To Tell or not To Tell,*" copies of which are available to absent members upon request.
  - ⇨ He explained that this program is currently being rolled out citywide.
- Ken Pearce noted that the "*To Tell or not To Tell,*" neglects to include the AIDS Health Project (AHP) in its list of resources, although it is funded by AIDS Office.
  - ⇨ Steven Tierney explained that the omission was unintentional, and that future editions will be corrected. He noted:
    - The AIDS Office has contracts with 56 agencies and sometimes things get missed.
    - By the end of the summer the AIDS Office would have a comprehensive website allowing easier access, updating, and correcting of information.
  - ⇨ Ken Pearce and Barbara Adler pointed out that AHP also has extensive support for Positives, including peer counseling, STDs, and Substance Abuse services.
  - ⇨ Steven Tierney added AHP's "REACH" program, which is funded by the AIDS Office.
- In response to Ken Pearce's suggestion that the AIDS Office publish a comprehensive list of funded agencies, Steven Tierney noted that such is published annually.
- Israel Nieves-Rivera announced the "*HIV Epidemiology Annual Report 2003*" is now available for members.
- Israel Nieves-Rivera suggested inviting the Native American Health Center to another meeting, since their representative, Maritza Penagos, was unable to attend this meeting.

Review and Approval of Minutes of June 10, 2004

Motion was made and seconded to accept the minutes of the 06/10/04 meeting. There was no discussion, additions, corrections, changes, or objections. The minutes were approved.

General Public Comment

Gwen Smith asked for Public Comment. She recognized Hank Wilson, former HPPC member, as having asked to address the Council.

- Hank Wilson introduced himself as being on the local Homeless Coordination Board as well as Co-Chair of the Sheltered Services Committee. His comments included the following.
  - ⇨ Each night the Lark Inn youth shelter turns away 15-25 people under 25 year of age.
  - ⇨ Larkin Street provides much needed continuity and stability by allowing young people to stay for up to 90 days.
  - ⇨ Young people tend not to accept referrals to, or go to, other shelters because of various types of pressure put on them in such environments.
  - ⇨ He proposed SF establish a dedicated youth shelter for people under 25.
    - When people ask for shelter, the City should be able to provide it.
    - Young people asking for help enables providers to connect with them services.
  - ⇨ When homeless young people start camping on the streets, or parks, it is hard for them to break out of that cycle.
    - In addition, homeless youth camping-out are also more likely to acquire drug addictions and that lifestyle is a contributor to HIV risk behavior.

- Overall there are between 70 to 100 vacant shelter beds every night throughout SF.
- He suggested rededicating one of the existing shelter sites for youth.
  - This would not require more capital or staff and could fill those vacant beds.
- There are also a number of policy issues to revisit, including:
  - The usual 10:00 PM curfew at shelters, which is inappropriate for young people.

Gwen Smith thanked Hank Wilson for bringing this issue to the Council's attention. No other public comment was offered.

Member Response to Public Comment

Gwen Smith invited response from members.

- Renol Ratchford noted that he too works with young people, that he is a residential manager at Ark House, and that they have space. He suggested referring young people there.
  - He added that their program provides housing services for up to 18 months.
  - He also suggested those people working with youth issues coordinate efforts.
- Michael Cooley noted that he used to be case manager and coordinator at Lark Inn.
  - He noted that the facility was designed to accommodate 75 beds, but the neighborhood and area merchants objected, so they reduced the number of beds.
    - He pointed out that Lark Inn also allowed couples, which is unique among shelters.
  - Added his personal experience of wanting to, but not being allowed to, couple while a resident in a shelter. This resulted in his being kicked out which added greatly to his risk acquiring HIV.
  - He suggested looking at expanding existing facilities rather than developing new ones.

HPPC Co-Chairs/Steering Committee Report

Gwen Smith asked if members had a chance to review the Co-Chairs Report sent via e-mail by Betty Chan Lew. She asked for questions and comments, none were offered. She then recognized Steven Tierney to update the report including the following.

- The CDC has issued a proposed revision to the content guidelines for AIDS related materials (the materials review process) which includes these significant provisions --
  - In addition to the community established Review Panel, a representative of the local Health Department would have to approve all CDC-funded materials including: pictures, questionnaires, surveys, marketing, advertising, web sites, and educational sessions.
  - This is probably not an issue for SF, although it would be significantly more workload.
  - In other jurisdictions there are major conflicts between the two organizations.
    - In way of example, in LA the "*Healthy Penis*" campaign may include the "*Syphilis Sore*," character, but not the penis.
  - Some provisions could have a momentous impact, including that *any* item placed on a website needs to be approved by the local health department.
  - The guideline was issued in the Federal Registrar on 06/16/04 and can be retrieved from the internet, and public comment on the guideline is open until 08/16/04.
  - Members are encouraged to review the proposed changes to the process.
  - The AIDS Office of SFDPH, the HPPC Steering Committee, and Urban Coalition of HIV AIDS Prevention (UCHAPS) will provide comment to the CDC.

- ⇨ Lisa Reyes of HPS is coordinating the local response to the proposed guidelines.
  - Members are encouraged to contact her, Tracey Packer, or Steven Tierney with questions.
- The CDC reports that their research finds the recent increase in syphilis and gonorrhea cases in SF and LA does not have a substantial impact on the rate of new HIV infection.
  - ⇨ It was previously noted at SF Council meetings that the vast majority of new cases of syphilis in SF are among men who are already HIV+, and that sero-sorting is widespread.
- The New England Journal of Medicine 07/08/04 reported an increasing frequency of azithromycin/erythromycin resistant syphilis in SF and other large cities.
  - Data on these findings will be emailed to members.
  - ⇨ SF DPH funded programs have been treating syphilis with penicillin rather than azithromycin/erythromycin, as is now suggested in the journal's article.
- Tomas Rodriguez, Project Officer at CDC, has been the Project Officer for SF, but has been reassigned to handle Montana and other areas.
  - ⇨ The new Project Officer is Jessica Gardom.
    - She has a good deal of experience at CDC.
  - ⇨ This change is part of a larger reorganization at CDC.
  - ⇨ Members were reminded that they may contact her with their concerns.

Questions and Comments

- Robert Gomez noted that there was a report of drug resistant syphilis on CNet 07/07/04.
- Barbara Adler noted that AHP's sampling and research shows a low prevalence of syphilis among HIV- men.
- Israel Nieves-Rivera pointed out that if the CDC's proposed new guideline were to go into effect community panel's entire review process of AIDS educational materials could be invalidated by a single health department official.
  - ⇨ He urged members to become aware of the proposed changes and to make comment to the CDC online.

2005 Cooperative Agreement Application: Review CDC Guidelines and HPPC Timeline for Development of Application

Gwen Smith introduced Steven Tierney to facilitate this portion of the agenda. He provided this explanation of the CDC's funding process with SF as a jurisdiction, including the following.

- Each year the local health authority (SFDPH) applies to the CDC for funding through a Cooperative Agreement.
- The CDC has granted local community planning councils, such as the HPPC, the power to agree, or disagree with the local authority's application.
- Every five years each jurisdiction writes up an HIV Prevention Plan (The Plan).
  - ⇨ SF HPPC wrote a new plan last year and published it in 2004.
- The AIDS Office of SFDPH prepares the CDC's Cooperative Agreement application.
  - ⇨ Currently SF gets about $9.4 M directly from the CDC.
- The HPPC reviews the application relevant to The Plan and issues an opinion of concurrence, non-concurrence, or concurrence with concern.
- In the case of non-concurrence, or concurrence with concern:
  - ⇨ The CDC Project Officer meets with HPPC's Co-Chairs and attempts reconciliation; and

- ⇨ The CDC may choose not to fund the jurisdiction, or to withhold funding until The Plan and Cooperative Agreement application are reconciled.
- In this process, the HPPC welds its ultimate power.
  - ⇨ Only once did the HPPC issue an opinion other than concurrence, when it issued a letter of concurrence with concern.
  - ⇨ In the past, the State of California has issued an application with which the State Community Planning Group did not concur requiring extensive negotiation to resolve.
- The application is supposed to be due to the CDC in the second week of September.
  - ⇨ The guidance, however, has not yet been issued.
- The DPH has nonetheless commenced work on the application based on past experience:
  - ⇨ Applications always include some reflection on the last year's activities; and
  - ⇨ It always includes a look toward the next year.
    - An overview of next year's activities is particularly difficult due to the new plan with its new approaches, and the expected issuance of a new RFP later this year.
- To meet the 09/16/04 due date, the application will need to be discussed and reviewed by the Council at the 08/12/04 meeting.
  - ⇨ It may be possible to have a final vote at the 09/09/04 meeting, but it is too close to the due date for significant revisions.
  - ⇨ To accommodate this, drafts will be sent to members by email.
- It was noted that in other CPGS there is usually very low response to the local health department's application, particularly as this always takes place at the height of summer.
  - ⇨ SF members are nonetheless encouraged to review the draft application and raise questions or comments.
  - ⇨ A special (voluntary) meeting could be scheduled for such a purpose if members think that would be helpful.
- Call to action:
  - ⇨ Members are encouraged to review the 2004 Plan;
  - ⇨ As soon as received, the HPS will forward the guidance to the members by email;
  - ⇨ At least one review session will be scheduled if members indicate a need; and
  - ⇨ The Council will review the application and issue its letter.

After reviewing presentations from the directly funded programs, and based on The Plan in conjunction with members' lived experience, the Council has the opportunity to adjust the application and the RFP to ensure services get to all segments of the community needing it.

<u>Questions and Comments</u>

- Marcel Miranda suggested the Steering Committee or HPPC should explain to the CDC that a cynical person might interpret the tight schedule as the CDC not wanting substantive feedback to the Cooperative Agreement and its guidelines.
- Barbara Adler asked if the San Francisco Leadership Initiative (SFLI) is in the 2004 Plan and thus should be part of the Cooperative Agreement.
  - ⇨ Steven Tierney said that the SFLI is part of the Plan.
- Gwen Smith noted that members should pay close attention to the Cooperative Agreement, as she and Israel Nieves-Rivera will have to sign off on it on behalf of the Council.
  - ⇨ She added that they would not sign it until all members are in agreement.
- Tracey Packer made available a copy of last year's Cooperative Agreement Application.

- ⇨ She noted that last year's guidance was for five years, and this year, 2004, is the first year of the cycle.
- ⇨ This year's guidance should, therefore, only be an update

San Francisco Gay Men's Community Initiative:

Steven Tierney distributed the flyer entitled, "*2004 San Francisco Declaration of Gay Men's Rights and Responsibilities,*" a copy of which is available to absent members upon request. He provided the following overview.

- In 2002 the HPPC and the AIDS Office conducted a Community Forum on gay men's health.
  - ⇨ A number of invited speakers made presentations on work being done around the world, including NY, London, Vancouver, and Sydney.
- Since that forum there have been a number of interviews in the community, focus groups, and a sharing of information with various agencies around SF.
- This process came up with the "*Declaration of Gay Men's Rights and Responsibilities.*"
- He noted that research indicates men access healthcare about one-third as much as women.
  - ⇨ Local research indicates that gay men access healthcare even less than men overall.
- The declaration's intention includes defining gay men's individual and community health.
- Another goal is to foster cooperation and collaboration between organizations affiliated with the gay community.
- In SF over 90% of HIV infection is among gay men and other MSM thus this health awareness ties in with the HPPC's priorities.
- A group within the AIDS Office has been established to help promote this initiative including: himself, Vincent Fuqua, Doug Sebesta, Oscar Macias, and Joe Imbriani.
  - ⇨ Any of the team members would be available to meet with interested groups and review the initiative.
- The declaration is intended as a work in progress, with the expectation – and hope – that community members will amend it.

He announced a community meeting 07/14/04 from 7:00 to 9:00 PM at the LGBT Center and invited participation. He asked attendees to encourage whatever groups they participate in to get involved.

Questions and Comments

- In response to a question from Ken Pearce, Steven Tierney and Israel Nieves-Rivera said the declaration was distributed at Pride, and the meeting advertised in newspapers.
  - ⇨ They also noted that there will be more community meetings to discuss the initiative.

CDC Directly Funded Community-Based Organizations: San Francisco Programs, 2004

Steven Tierney provided background on the CDC's direct funding of programs.

- The CPG's role is to closely follow the epidemiology data.
- The CDC's intention in funding programs directly is to reach populations that may not register in the data.
- Currently SF has three directly funded programs:
  - Asian & Pacific Islander Wellness Center (A&PIWC);
  - Black Coalition on AIDS (BCA); and

- The Native American Health Center.

- Programs whose direct funding ended 05/30/04 are: AGUILAS; HIFY; the Iris Center; Stop AIDS Project; and the Ark of Refuge (for technical assistance to communities of faith).
  - ⇨ Some programs chose not to reapply for direct funding and other programs applied for new funding but were turned down (including the Tenderloin AIDS Resource Center).
- The guidance for the directly funded RFP was very specific that the programs had to address at-risk populations using the criteria established by the CDC's new initiative (DEBI)
    - * Diffusing
    - * Effective
    - * Behavioral
    - * Interventions
  - ⇨ The CDC also often suggests programs contact local jurisdictions to have the funding reestablished, although nationwide local jurisdictions are having budgetary difficulties.
- Janet Collins, head of Prevention for the CDC, was invited to and will visit SF 07/26/04.
  - ⇨ Members were asked if they have recommendations for programs to be visited to contact Steven Tierney or Tracey Packer.
  - ⇨ They will try to get Ms. Collins to as many programs as possible.

General Questions and Comments

- Gayle Burns asked how much funding was provided to the directly funded programs.
  - ⇨ Steven Tierney said that he doesn't know exactly; partly due to the way the CDC handles such funding, including that none of the budgets have as yet been finalized.
  - ⇨ Andre Robertson responded that BCA's funding was cut severely.
- Ken Pearce asked if directly funded were cut nation-wide, or if there has been a redistribution of funding.
  - ⇨ Steven Tierney provided the following explanation.
    - The CDC's rationale was that it would fund half as many programs as they had in the past and grant larger awards.
    - UCHAPS has been collecting information from the directly funded cities and all are receiving significantly less funding except Chicago – where funding is flat.
      - * More in-depth information will be provided from HPS upon request.
    - Nationwide, the strategy seems to be a regional approach, with the coasts getting less and the center more funding; although regionalization was not supposed to be part of the evaluation process.
      - * Complaints have been filed regarding this approach.
    - When questioned by the DPH and Congresswoman Pelosi about the local situation – in both SF and California – the CDC said that the plan was to cut the number of programs by half and SF has gone from seven to three directly funded programs.
    - A challenge of the funding level can not be approached until actual contract negotiations are concluded, if at all.
      - * There is expectation that the local cuts will be challenged.

Gwen Smith introduced the representatives of the directly funded agencies. The members joined her in congratulating the three agencies for getting funding in a highly competitive environment.

Asian and Pacific Islander (API) Wellness Center

Lance Toma, Deputy Director of the APIWC (APIWC), distributed copies of the presentation entitled, "*Rice, Tofu, Poi*," a copy of which is available to absent members upon request. The following provides highlights of his remarks not covered in the document.

- The APIWC was directly funded to do the project, "*Rice, Tofu, Poi.*"
  - ⇨ The name references the staples of API diet (Rice, Tofu, and Poi) with each word an acronym for components of their HIV services.
- Although funding commenced 07/01/04, the APIWC is still in negotiation with the CDC, including the actual amount of funding and the final work plan.
- The program is in accord with the CDC's new "*Advancing HIV Prevention Initiative*," as well as with the HPPC's 2004 Plan.
- The testing phase incorporates Rapid Testing.
- Overall, the plan is an enhancement and continuation of work the APIWC has been doing.
- The flowchart (slide 5) shows how the A&PIWC's three components interact as well has how the funded program interacts.
  - ⇨ The peer leadership program (RICE) encourages HIV Testing (TOFU) which refers HIV+ people to case management (POI) including partner services.
- A goal of the Popular Opinion Leader (POL) is to normalize testing within the community.
  - ⇨ Existing groups involved in the POL include:
    - Metamorphosis Girls,
    - Downtime MSM (for gay, queer, bisexual Filipino young men),
    - Aqua (a young queer men's group), and
    - The Rice Girls (a peer leader program).
- CTR is done in numerous API languages and uses a variety of language-specific publications as well as through representation at cultural events.
  - ⇨ Currently they do CTR in ten languages.
- They commenced Rapid Testing in their offices on 07/13/04.
- They have been doing Prevention with Positives (PWP) since 2001.
  - ⇨ The inclusion of intensive individual PCM is a result of a Needs Assessment conducted among their HIV+ clients.
- Their CDC funding for social marketing and CTR services (slide 12) was for a four-year period that ended 06/30/04.
- They are currently funded for the Rice, Tofu, Poi program as well as for Capacity Building, which is a program to strengthen HIV prevention programs in API communities throughout the country and in the Pacific Island jurisdictions.
    - This program provides tools and support for any agency doing work with API, including providing assistance with issues such as culture and language.
  - ⇨ Lina Sheth is the director of the Capacity Building program.

The attendees expressed their appreciation for Lance Toma's presentation with applause.

Black Coalition on AIDS (BCA)

Francis Broome distributed the document "*Many Men, Many Voices*," a copy of which is available to absent members upon request. He is the Program Coordinator for the Many Men, Many

Voices (3MV) program at BCA. The following provides some highlights of his presentation not covered in the document.

- BCA receives direct funding for the 3MV program.
- It is a six or seven session group facilitated program.
- 3MV could adapt the Man-2-Man program's weekend retreat format of intensive, facilitated group sessions.
  - ⇨ A weekend format could more effectively hold the audience's attention than a seven-session format over several weeks.
- Target population of Black MSM in SF, particularly those also involved with injection drugs.
  - ⇨ They also focus on men on the "*down-low*."
- High-risk men will be funneled into their PCM program.
- They estimate 120 participants in the group sessions.
  - ⇨ Of the participants, they anticipate 40 will need treatment services.
- They are in the process of hiring a staff member to do PCM and two outreach workers.
- They will also accept referrals from other agencies.
- Their contract with CDC was approved a few weeks ago, and negotiation continues about the budget, however, they expect a cutback of as much as 40%.
  - ⇨ They will probably have to hire a part-time PCM person rather than full-time.
  - ⇨ They nonetheless continue to expect 120 participants, overall, in the program.

The attendees joined Gwen Smith in expressing thanks to Francis Broome for his presentation.

Questions and Comments

- Renol Ratchford congratulated BCA on presenting 3MV in SF, which he noted has operated successfully elsewhere in the country.
  - ⇨ He also noted that he has participated, and trained as a facilitator, in the program elsewhere and incorporated some of the sessions into his current work.
  - ⇨ He offered his help as a facilitator and expressed his desire to collaborate with BCA.
  - ⇨ He said that 3MV addresses many of the internal issues young gay Black men deal with.
- In response to Renol Ratchford question, Lance Toma said that the APIWC already has a PCM component.
- Renol Ratchford then asked about the interface between case management and PCM.
  - ⇨ Lance Toma said that they intend them to be complimentary and are working on it.
- In response to Barbara Adler question, both speakers said that they were able to talk about their programs with agencies to help facilitate referrals.
- She also asked if they have a target number of tests they intend to perform and what sero-positive rate they are experiencing.
  - ⇨ Lance Toma said that although still in negotiation, they estimate doing 600 tests per year, and that they are seeing 2.8 - 3.0% sero-positive prevalence.
  - ⇨ Steven Tierney noted that prevalence may be going up in the API community.
- Andre Robertson asked if there is a formal partner notification provision to A&PIWC's PCM.
  - ⇨ Lance Toma said that it is part of the CTR component, and in PCM it is integrated but that there isn't a formal partner notification requirement in PCM, per se.
- Andre also asked about estrangement from family in the API community, and asked if they work with families of HIV+ men.

- ⇨ Lance Toma said that this is the model of care, adding that they offer services to families for both prevention and care.

- Andre then asked if there is a community education component regarding stigma in the A&PIWC's program, and if so where is that done.
  - ⇨ Lance Toma said that they have been pushing the CDC on the sigma issue, that it should be on the radar in all communities of color.
  - ⇨ The APIWC does work on the stigma issue, addressing it in language-specific vehicles including print, on radio, TV and video.
  - ⇨ They are working on an anti-stigma campaign as a structured community program.
  - ⇨ He also listed some of the specific outreach they are doing, including:
    - In the Thai community outreach in temples and restaurants
    - In the Tenderloin at massage parlors,
    - In the Vietnamese community in the Tenderloin and at street festivals, etc.
- John Newmeyer noted that HIV is much more prevalent in some API communities than others – with a six-fold difference between the hardest and lightest hit.
    - He asked if the A&PIWC is prioritizing some communities.
  - ⇨ Lance Toma explained that they are constantly working on this issue and are reaching out to the largest communities and prioritizing the highest risk.
    - They are ensuring that the Chinese, Filipino, and Vietnamese communities are covered and watching the Thai/Laos, Japanese, and Pacific Islander communities.
  - ⇨ Lance Toma also pointed out that there are thirty different PI communities.
    - They are doing a research study through the Office of AIDS in an attempt to get data specifically on the Somoan and Tongan communities.
- Tae-Wol Stanley asked where counseling fits into the 3MV program.
  - ⇨ Francis Broome said that they refer clients for counseling and other services.
- Tae-Wol asked how the A&PIWC is reaching female sex-workers in the Tenderloin.
  - ⇨ Lance Toma explained that they are doing massage parlor outreach.
  - ⇨ He noted a research study at the CAPS project at UCSF, which is in its third year.
  - ⇨ A&PIWC is also trying to identify the factors contributing to the epidemic.
  - ⇨ Israel Nieves-Rivera noted that API women working in massage parlors are not part of the target population being dealt with by the CDC directly funded project.
- Catherine Geanuracos asked how A&PIWC integrates their PCM with their care services.
    - She also asked if the Case Managers are going to have an additional role, or if A&PIWC anticipates creating separate positions.
  - ⇨ Lance Toma said that their goal is to integrate services and that PCM will be that part of the Case Managers' job.
  - ⇨ He added that the Case Managers have undergone some training in PWP work and they will conduct ongoing case conferencing.
- Catherine Geanuracos said that 3MV has somewhat of an East Coast slant, particular as it related to men on the "*down-low*," and asked how it will relate to West Coast culture.
  - ⇨ Francis Broome said that the "*down-low*" syndrome is more prevalent on the East Coast, and that Black MSM on the West Coast tend to be more Out.
  - ⇨ He said that he doesn't anticipate many men on the "*down-low*" will participate, that most participants will be gay identified men, noting:
    - It is difficult to reach men on the "*down low;*"

- That in reality men on the "*down low*" are not as the media portrays them, and
- They are often not comfortable in a setting with gay identified men.

- Gwen Smith noted a large Somoan community in the BVHP and Visitacion Valley neighborhoods, and asked if 3MV and A&PIWC plan to do outreach in there.
  - ⇨ Francis Broome indicated that they already have outreach workers in the BVHP.
  - ⇨ He added that they may move their facilities to BVHP.
  - ⇨ He noted that they also do outreach through African American Health Improvement and Empowerment (AAHIE) centers.
  - ⇨ Lance Toma said that APIWC doesn't have specific plans as yet for outreach to the Somoan community in the BVHP or Visitacion Valley neighborhoods.
    - They are currently conducting a Needs Assessment and recognize there is a gap in reaching the Somoan community.
- Perry Rhodes III asked about specific recruitment and retention strategies for 3MV.
  - ⇨ Francis Broome said that theirs is an adaptable model, adding that it may be easier to get people involved, and maintain their participation in a weekend retreat format.
- Perry then asked if they have identified specific places to recruit from.
  - ⇨ Francis Broome said that through their Man-2-Man program they have a good number of contacts, but they will also recruit in the Castro, sex clubs, and through referrals.
- Israel Nieves-Rivera asked about the A&PIWC's capacity building in areas like the Richmond District.
    - He noted that there are no HIV prevention services presently in place there and there isn't much research data on that community.
  - ⇨ Lance Toma said that the capacity building program provides technical assistance to directly funded agencies requesting help throughout the country.
  - ⇨ He added that they would be happy to help and support HPPC associated agencies that are doing work, or are planning to do work, in the Richmond District.
- In response to Israel Nieves-Rivera's question, Lance Toma stated that their CTR program is not getting funding from the City, only from the CDC.
- Israel Nieves-Rivera then asked if 3MV has considered a separate retreat specifically for negative people and/or for men from the BVHP neighborhood.
  - ⇨ Francis Broome said that they are working on how to organize the retreats.
  - ⇨ Israel noted that the HPPC has had community meetings in the BVHP where community members asked specifically for programs addressing the unique dynamics of that neighborhood.
  - ⇨ He volunteered the Council's help in addressing this community's needs.
- Luis Martinez of BCA added that they will definitely have a larger presence in the BVHP.
  - ⇨ He noted that they are anxious to coordinate and collaborate with other organizations.
  - ⇨ He pointed out that they are still working on which subpopulations this program will deal within the African-American community.
    - However, they anticipate dealing with MSM, youth, young women and other groups.
  - ⇨ He highlighted that BCA doesn't want to start the program off wrongly by making announcements that would build expectations that may not be able to be met.
- Renol Ratchford said that that people in SF who are "*Out*" often have sexual relations with men on the "*down low*" including as trade.

- ⇨ He pointed out 3MV's best approach to men on the "*down-low,*" may be to deal with their partners, who should be encouraged to refer their partners to services.
- ⇨ He suggested that the 3MV program needs to be tweaked a good deal before it would deal effectively with the issues identified in the BVHP.
  - 3MV, he added, may be just an icebreaker for that neighborhood.

- Michael Cooley asked about adapting the 3MV program specifically for sero-positive men.
  - He added that the program could be used to encourage HIV+ men to access much needed healthcare services.
  - ⇨ Francis Broome said that programs for HIV+ men was part of their preliminary discussions, but since the contract was jus awarded they haven't made specific plans.
- Israel Nieves-Rivera asked the presenters for their perception of where there are gaps in services to their target populations.
  - ⇨ Lance Toma said that there are gaps on the care side as a result of budget cuts.
  - ⇨ On the prevention side, they are attempting to focus on finding those at highest risk, but have to question if there will be services available.
  - ⇨ He noted that they always have gaps in language proficiency.
  - ⇨ He then highlighted specific gaps in services including:
    - For woman – queer or otherwise – immigrant and refuge;
    - Mental health services particularly for the immigrant community;
    - Intensive mental health services;
    - Coordination of clinically sound services for PWP; and
    - Community level intervention changing the social norms particularly within communities of color regarding the stigma of HIV.
  - ⇨ Francis Broome said that the gaps are in mental health services as well as care services.
  - ⇨ He noted the need for changes in the social norms within the community.
  - ⇨ He added that there is a gap in providing support services for the issues African American gay men are dealing with.
  - ⇨ Luis Martinez added that another gap is getting people in the African American community to have an awareness of basic health care.
- Andre Robertson asked if there are a number of different social marketing campaigns for the API communities; with different languages, targeted to native born/immigrant, etc.
  - ⇨ Lance Toma noted that in addition to CDC funding they get CORE Foundation funding for social marketing and community intervention in the Chinese and Vietnamese communities.
    - Lessons learned from this project will be applied to other API communities.
    - They will have more information to share regarding monolingual immigrants in the next couple of years.
  - ⇨ He highlighted that social marketing is often overwhelming because they try to maintain social marketing in four or five languages.
- Steven Tierney noted that APIWC got two grants – one for local services (Rice, Tofu, Poi) and the other for national training and technical assistance.

Gwen Smith said that the Council and the funded agencies are in this together and she invited the speakers to come to future meetings. The attendees then joined Gwen Smith in expressing appreciation to the presenters with applause.

Changes in CDC Funding: Discussion of Gaps in Service

Steven Tierney explained that this portion of the agenda was originally intended as work in small work groups. As the meeting's time was running short, he suggested a roundtable discussion. He pointed out that this exercise is preparation for both the Cooperative Agreement and the RFP. He suggested members discuss which populations are being missed, keeping in mind:

- ⇨ The HPPC as a jurisdiction needs to be aware of gaps.
- ⇨ Gaps in services were pointed out during this meeting regarding: the API population in the Richmond District, men on the "*down-low*" in other parts of SF, and youth.
- ⇨ Members' suggestions be of well-defined, specific populations.

He noted that the exercise originally intended included comparing suggestions for inclusion with the populations already in the 2004 Plan. During the roundtable discussion he suggested people make suggestions about groups they are concerned about on any level, even if the population is discussed in the 2004 Plan. He noted that this list would be included in the minutes of the meeting, in the application, and in the new RFP.

Suggested Gaps In Prevention Services

The following highlights the population identified as a potential gap in services.

Steven Tierney: Latino MSM.

Barbara Adler: Culturally appropriate, accessible CTR in every community.

- ⇨ Currently, some neighborhoods may be left out.
- ⇨ Some people will access Testing and Counseling through generalized agencies, but would not walk into places specifically offering prevention services.

Michael Cooley: Non-English speaking immigrants.

- ⇨ He also expressed his concerns that Rapid Testing and the new Oral Testing "*OraQuick®*" should always include a counseling component.
- ⇨ Steven Tierney pointed out that a News Release dated 06/25/04 was distributed to members entitled, "*HHS Extends the Use of Rapid Oral HIV Test to New Sites Nationwide,*" showing the FDA's approval of an oral rapid test, a copy of which is available to absent members upon request.
- ⇨ A benefit of this test is that testers don't need a certificate to draw blood.
- ⇨ He explained that the CDC has expressed its intention to move toward what they refer to as "*de-linking counseling from testing.*"
  - He noted that the CDC has expressed its view that, '"*If counseling is a barrier to testing people should be able to get tested.*"

Steven Tierney, Michael Cooley, and others: It is not yet time to offer testing without counseling.

- ⇨ To do so would be neither helpful nor useful.
- ⇨ And the 2004 Plan explicitly confirms the need to link Counseling, Testing, and Referral.

Michael Cooley: The Transgender populations.

- ⇨ This needs to be emphasized because while there has been a need for services, proposals have not been forthcoming.

Perry Rhodes III: Mobile CTR for women in the BVHP.

Gayle Burns: Services for people who are unisex.

- ⇨ There is insufficient research and literature available regarding people born with both sexes.

John Newmeyer: More social marketing on condoms particularly focusing on sero-discordant relationships.

- ⇨ Not all condoms are the same, and they are suited to different tastes.
- ⇨ There has been in the past, and a need remains for a good consumer guide to condoms.
- ⇨ Steven Tierney noted that the condom website has had a lot of hits.

Ed Byrom: Women who have sex with MSM.

- ⇨ There is little data about and few services available for these women.

Ed Byrom: Targeting people in residential and outpatient substance abuse treatment and mental health programs.

Tae-Wol Stanley: Undocumented monolingual Latino day workers.

- ⇨ These men are often in shelters, or otherwise living together, having sex, and are unaware of sexual risk behavior.

Andre Robertson: Heterosexually identified African-American men.

- ⇨ The 2004 Plan does not show a large number of such men, but women are getting infected by guys who are heterosexually identified; not by men on the "*down-low*."
- ⇨ There are no services for HIV+ heterosexually identified men.
- ⇨ Their identity is heterosexual and their current/recent behavior is too; their means of sero-conversion could be IDU.
  - These men would not be appropriate in a support group with gay men.
  - There is no peer support group for these men.

Renol Ratchford: Culturally appropriate Health Education and Risk Reduction as well as CTR for LGBT African-American youth.

Israel Nieves-Rivera: A targeted RFP process for specific populations.

- ⇨ The current RFP process often results in numerous agencies targeting the same groups.
- ⇨ Without targeted RFPs it appears that no one is proposing services to certain populations because no one included it in their overall proposal.
- ⇨ The identified gaps could direct where such RFPs would be targeted.
  - This is somewhat similar to the way the Care side requests proposals.

Steven Oxendine: Researching what is driving the epidemic in the African-American community.

- ⇨ Science doesn't exist to support the "*down-low*" MSM concept or heterosexually identified men.
- ⇨ Although there has been discussion and speculation, it isn't known if heterosexually identified MSM are what is infecting African-American women.
- ⇨ While the discussion of what is driving the epidemic needs to continue, science needs to be applied to the African-American community.
  - SF has one of the foremost prevention research establishments, but has a dearth of data on the African-American community, notwithstanding the MSM subpopulation.
- ⇨ Perry Rhodes III noted that the Council is a community based group which relies on both scientific and members' anecdotal perspectives to gauge what is going on.

- He added that there are a large number of heterosexually identified or "*down-low*" men engaging in sex, including Receptive Anal Intercourse (RAI) with other men.
  - Part of his reason for participating in the Council, he observed, is to provide his experience rather than having to wait for results of scientific data.
- Gayle Burns noted that some of her clients have difficulty identifying as or with MSM.
- In the Harm Reduction model, she added, how people see themselves is what matters.
  - It would be disrespectful to classify people other than their self-identification.

Marcel Miranda: Social marketing campaign targeting men and women of color with both general health promotion and HIV prevention messages.

- Such general health messages build stronger, healthier communities

Barbara Adler: Heterosexually identified MSM.

- The AHP's as yet unpublished data indicates that 26% of the heterosexually identified men were having sex with other men.
  - They ask questions about, and collect data on, both identity and behavior.
- This is consistent across race, ethnic, and age categories.

Israel Nieves-Rivera: gay White MSM in their thirties.

- It is important not to forget that this is the group most impacted by the epidemic.
- There is need for new, creative approaches to reaching this population.

Summary, Evaluation, and Closure of Meeting

Steven Tierney noted that part of the purpose of a community planning group (CPG) is to look at the available data, ask for data when it isn't available, and to set a scientific agenda for the local DPH. Another purpose of a CPG is to compare its members' lived-experience to what comes out of local or national scientific research.

He highlighted that the list of suggested gaps would be included in the minutes and asked members to review the list, think about it, and be prepared to discuss if issues noted should be:

- Added to the list,
- Targeted in the RFP,
- Researched by having appropriate resources allocated,
- Explored by the Council's Evaluation Committee, or
- Included in the Cooperative Agreement application to CDC.

This is how the Council effectively impacts the course of prevention funding in the City.

Gwen Smith thanked people for attending and noted that this was a great meeting, both intense and valuable. She reminded members to execute their evaluation forms.

Adjournment

Motion was made and seconded for adjournment. There was no comment, objection or abstention. The meeting adjourned at 5:42 PM.

Minutes prepared by David Weinman.

Minutes

July 8, 2004

Minutes reviewed by Tracey Packer and Gwen Smith.

Reminder: The next HPPC meeting will be held on Thursday, August 12th, 2004
City Hall, Room 201, San Francisco.

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HIV Prevention Planning Council Meeting
Thursday, August 12, 2004
3:00-6:00 pm

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City Hall, Mayor's Conference Room, Room 201
San Francisco, CA

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Agenda

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	**Welcome, Introductions, Announcements, and Refreshments**	**Steven Tierney**
3:15 pm	**Review and Approval of Minutes of July 8, 2004** *(VOTE)*	**Steven Tierney**
3:20 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**Steven Tierney**
3:30 pm	**Member Response to Public Comment**	**All**
3:35 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. ***(POSSIBLE VOTE)***	**Steven Tierney**
3:50 pm	**Proposed Revisions to the Materials Review Process: What is SF's response?** Objective: To discuss the proposed revisions and SF's response to the CDC's Materials Review guidance. CDC has revised the federal Materials Review guidelines. The public comment period ends August 16, 2004.	**Lisa Reyes, HIV Prevention Section**
4:10 pm	**Presentation & Discussion of Cooperative Agreement Interim Progress Report** Objective: To review & discuss the 2004 progress report which will serve as the continuation application to CDC.	**Steven Tierney**
4:30 pm	***Break***	
4:40 pm	**Components of the RFP: Projects in Progress** **1. Client Level Data Collection Systems** • **An update on ELI: What ELI can tell us about HIV prevention in SF** • **An update on PEMS (CDC's System)** Objective: To hear an update and discuss ELI and PEMS.	**Marise Rodriguez and Charles Klein, HIV Prevention Section**
	2. Outcome Measures Project Objective: To understand the development of outcomes for prevention interventions and plan for participation in the project.	**Allison Weston, Harder+Co.**
5:15 pm	**Implementing the 2004 HIV Prevention Plan: An Overview of the Request for Proposals (RFP) Process**	**Steven Tierney**
5:45 pm	**Summary, Evaluation, and Closure of Meeting**	**Steven Tierney**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:

New Approaches: Monday, August 16, 5:00-6:30 PM, 330A
Prevention with Positives: Wednesday, August 18, 4:00-5:30 PM, 25 Van Ness, 330A
Steering: Thursday, August 26, 3:00-5:00 PM, 25 Van Ness Ave, 330A
Evaluation: Thursday, September 2, 3:00-5:00 PM, 25 Van Ness Ave, 330B
Full Council: Thursday, September 9 , 3:00 – 6:00 PM, TBA
Membership/CLC: Monday, September 13, 3:00-4:30 PM, 25 Van Ness Ave, 330B

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HPPC
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2004

Item	Action	Resolution
Presentation on risk behavior among Injection Drug Users (J. Newmeyer, 2.12.04)	Steering Committee recommends Council presentation reviewing risk from needle sharing and from sex- May or June.	Presentation by four speakers conducted May 13, 2004. Recommendations made and sent to Steering Comm.
A presentation by Rafael Diaz on interventions dealing with networking and community-level work (J. Marinoff 2.12.04)	Steering Committee recommends this as part of presentation to HPPC on sociocultural context for interventions "putting the themes in the Plan into practice" – May or June.	Presented to HPPC on June 10, 2004.
Panel presentation on directly funded agencies (S. Tierney 2.12.04)	After funding determined by CDC.	Scheduled for July 8, 2004.
Discussion of the Challenges with the ELI System (K. Folger 3.11.04)	Sent to Evaluation Committee 3/04	In Committee.
Clients from Walden House to talk about benefits from Transgender Program at Walden House (J. Johnson 3.11.04)	Invite clients to April 8 meeting to participate in discussion.	Presentation made to HPPC on April 8, 2004.
Discussion of Risk Behavior Studies with African Americans (especially gay men and prevention needs) in San Francisco (CAPS, others) (A. Robertson 3.11.04)	SC suggestion: July or August	TBD

San Fran

HIV PREVENTION PLANNING COUNCIL

Minutes

August 12, 2004

The next HPPC meeting will be held on **Thursday, September 9, 2004**
3:00 - 6:00 p.m.
City Hall, Room 201, San Francisco

Members Present:
Matthew Blanchard
Gayle Burns
Edward Byrom
Aaron Cohen
Michael Discepola
Keith Folger
Steve Gibson
Thomas Knoble
Joani Marinoff
Marcel Miranda
John Newmeyer
Ken Pearce
Renol Ratchford
Perry Rhodes III
Andre Robertson
Gail Sanabria
Gwen Smith
Frank Strona
Steven Tierney

Members Absent:
Barbara Adler
Chata Ashley (on leave)
Erick Brown (on leave)
Michael Cooley (work conflict)
Catherine Geanuracos (on leave)
Robert Gomez
Tamika Gonzales
Janetta Johnson (on vacation)
Israel Nieves-Rivera
Mike Schement
Tae-Wol Stanley (on vacation)

Harder + Co.:
David Weinman
Allison Weston

Guests
Amanda Dunn - Sup. Dufty's Office
Ralph Hyman
Billie Jean Kanios - Walden House
Steve Oxendine
Jen Sarche - AIDS Office
Ken Vail - TARC
Hank Wilson - TARC

HIV Prevention Section:
Vincent Fuqua
Guillermo Gonzalez
Charles Klein
Eileen Loughran
Lisa Reyes
Marise Rodriguez

Process Evaluation Team:
Kathleen Roe

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Welcome, Introductions, Announcements, and Refreshments

Steven Tierney called the meeting to order at 3:12 PM. He invited members to join in a moment of silence for the thousands of same-sex marriages overturned earlier that day by the California State Supreme Court. He noted that the ruling was based on the mayor's authority to sanction such marriages as opposed to their equal rights validity at law.

Steven Tierney asked attendees to introduce themselves and make appropriate announcements. The icebreaker question was, "*What is the best thing that will happen to you this summer?*"

- Matthew Blanchard announced that the Partnerships for HIV Prevention Program is working on: Transgender, Youth (12-24 years old), Provider competency, and Internet Sex.
  - ⇨ Anyone interested in participating should contact him.
- Gayle Burns distributed flyers announcing the, "*5th Annual Medicine Warriors Dance Troupe & All Nations Singers Powwow,*" Saturday 08/24/04 in Oakland.
- Steve Gibson announced that Magnet and Our Love will be hosting "*Black Men in the Castro*" on 08/24/04.
- Steve Gibson also announced that Magnet has begun Rapid Testing.

- Marcel Miranda and others noted that earlier in the day the Governor of New Jersey came out as a gay man and resigned from office because he had lied, not because he is gay.
- Keith Folger announced that on 08/16/04 he will move to Washington DC to work with the National Association of People with AIDS (NAPWA).
- Renol Ratchford announced that he has resigned his position at Lyric effective 08/13/04 and will concentrate his attention on an otherwise ignored population in SF.
- Hank Wilson announced Sunday 08/15/04 as his last day of work with TARC.
- Lisa Reyes announced that the Southeast Health Center had its Health Fair on 08/14/04.
- Lisa Reyes also announced Bayview Hunters Point (BVHP) Health Task Force is putting together a Community Based Organization (CBO) Networking day 09/21/04 at the Southeast Community College.
  - ⇨ She noted that this is for agencies throughout SF, not just BVHP.
  - ⇨ Interested people can contact her for more information and applications to participate.
- Eileen Loughran announced that she had an abstract accepted for the United States Conference on AIDS (USCA).
- Ken Pearce made announcements regarding CARE Council, including:
  - ⇨ Significant changes surrounding Integrated Service Models (ISM) and Centers of Excellence (CoE) concepts; and
  - ⇨ A planned $1.6M center in the BVHP neighborhood that will coordinate available healthcare services.
- Matthew Blanchard announced that his work with the Gay Men's Community Initiative includes leading a young Queer Men's (under 30) Workgroup and participating in a mentorship program.
  - ⇨ People interested in either should contact him or the Gay Men's Community Initiative.
- He also noted that he just finished an internship with the Larkin Street Services.
  - ⇨ He highly recommends this as an exciting and valuable experience.
  - ⇨ A new internship program including prevention components is starting in the near future.
  - ⇨ Interested people should contact Jessie Noonan at Larkin Street.

Steven Tierney noted a march and rally that evening from the Castro to City Hall (where the Council meeting was held) relating to the court's dismissal of same-sex marriages performed in SF. The Chair, he added, will make efforts to end the meeting early, or promptly, so that members can avoid being caught in traffic, or join in the protest – as appropriate.

Review and Approval of Minutes of July 08, 2004

Motion was made and seconded to accept the minutes of the 07/08/04 meeting. There was no discussion, additions, corrections, changes, or objections. The minutes were approved.

General Public Comment

Steven Tierney asked for Public Comment and recognized Hank Wilson, community member and former HPPC member. Hank Wilson distributed research abstracts of studies performed in SF and presented at The XV International AIDS Conference entitled:

- ⇨ "*Substance use during sex is associated with high-risk behavior…*" G N Colfax et al, eJournal of the International AIDS Society (EJIAS), 07/11/04, 1(1), Abstract # WePeC6103; and
- ⇨ "Longitudinal patterns of club-drug use among a cohort of high-risk men who have sex with men (MSM): the EXPLORE Study," G Colfax et al, EJIAS, 07/11/04, 1(1), Abstract # WePeC6105.
  - Copies of both documents are available to absent member upon request.

His comments included the following:

- The Council should always know about research conducted, or funded, by the SF DPH prior to the results or abstracts being published.
- The messages in these abstracts include:
  - ⇨ 37% and 54% of participants respectively reported use of poppers (amyl nitrite);
  - ⇨ There is a significant increase in the use of poppers – of those not using poppers at baseline, 29% reported use at follow-up visits (the EXPLORE Study).
- He expressed concern that popper use is not being addressed by prevention services, and that the only messages gay men get are from manufacturers and distributors.
- While the use of poppers doesn't have the drama of Methamphetamine, the research nonetheless indicates it too is associated with sexual risk behavior.
  - ⇨ The association of use of poppers and sexual risk behavior has been on the Council's Parking Lot for several years, but has not received adequate attention.
- He complimented the article written by Council member Aaron Cohen, which has received wide circulation within the gay community.
- He drew members' attention to the website "*www.allaboutpoppers.com*" which he described as sponsored by the makers of "*Rush*" brand poppers and which pushes poppers with distortion and misinformation.

Member Response to Public Comment

Steven Tierney invited response from members, none was offered.

HPPC Co-Chairs/Steering Committee Report

Steven Tierney distributed the document entitled, "*HIV Prevention Planning Council (HPPC) Co-Chairs Report, August 12, 2004*," a copy of which is available to absent members upon request. He added the following updates.

- The State of California Community Planning Group (CHPG) will meet the week of 08/23/04 in Southern California.
  - ⇨ Members with items for CHPG can convey them through Gail Sanabria, Frank Strona, or Steven Tierney.
- CDC visited twice recently.
  - ⇨ The first visit dealt with the Performance Evaluation Measurement System (PEMS), in particular it's interface with the existing ELI system.
    - The word from the CDC is that all jurisdictions will be required to use PEMS.
  - ⇨ The second visit was from Janet Collins, the Interim Director of CDC for HIV/STD/TB prevention.

- She visited a number of local programs (Magnet, Shanti, AGUILAS, AIDS Health Project, Needle Exchange, and others) at which street-level prevention was demonstrated.

⇨ The Council/DPH's goal was to show that SF is a leader in prevention, and the visitors seem to have gotten it.

- Subsequent correspondence from the CDC indicates that it might be interested in funding demonstration projects in the Tenderloin (TL).

- The DPH has formed a Crystal/Methamphetamine Working Group.
  - ⇨ Participants include representatives from the community (Magnet and Stonewall), City Government; and the DPH (AIDS Office, STD, Mental Health, and Substance Abuse Branches).
  - ⇨ It is looking into an intervention that has demonstrated some effectiveness in LA called, "*Contingency Management*."
  - ⇨ The group is hoping to roll out a pilot program in October focused on the TL and Castro.
- He added, in agreement with Hank Wilson, that there are opportunities for the DPH to address substance abuse issues, including Crystal/Meth and Poppers, with more energy and creativity. Dr. Tierney said he was proud of the HPPC's work in this area.

Steven Tierney asked for questions and comments.

Questions and Comments

- Matthew Blanchard noted that with the departure of several young people from Council membership the group is not adequately represented.
  - ⇨ He noted that he has been looking for candidates, but was told that there are no openings for membership.
  - ⇨ Lisa Reyes responded for the Membership Committee that applications are available and can be submitted to either the Committee or HPS staff at any time.
    - New membership, she noted, would commence the end of the year for next year.
    - She added that the Committee is aware of the gap, and has prioritized addressing the issue, and that a recruitment drive would take place later in the year.

Proposed Revisions to the Materials Review Process: What is SF's response?

Steven Tierney explained that the materials review program grew out of the Helms Amendment and is intended as a means of federal monitoring of the quality and content of educational materials relating to HIV prevention. Revisions to the Material Review process are currently under review. The HPPC may choose to respond collectively to the proposed changes. He noted that many individuals as well as other organizations have decided to file comments, including the DPH. The deadline for response is Monday 08/16/04 at 5:00 EDT.

He then introduced Lisa Reyes who explained the proposed revisions. Lisa Reyes distributed copies of her presentation entitled, "*CDC Materials Review Process and Proposed Revisions to Guidance*," copies of which are available to absent members upon request. She reviewed the presentation and invited members to raise questions or comments with her then, or later by email.

Questions and Comments

- Steve Gibson noted that the restriction regarding the title of a publication must reflect the actual content.
- Andre Robertson asked if there are established objective guidelines as to what is considered acceptable.
  - ⇨ Lisa Reyes responded that there are no broad rules, adding that what is obscene is deemed a matter of community standards.
  - ⇨ She added that another provision of the new process gives a veto over any material to both the local and state public health departments.
- Steve Gibson said that this could be a problem particularly for materials on the Internet – if the writers' or readers' community standards are to be applied?
  - ⇨ If people that are not residents in SF access websites and find it offensive, could they object?
  - ⇨ Lisa responded that SF would have proof of the materials' local approval.
- Perry Rhodes III asked about materials focused on non-gay identified MSM.
  - ⇨ Lisa Reyes explained that the materials' title would have to list that it is for MSM.
- In response to a question from Matthew Blanchard, Lisa Reyes said that the proposal might permit a "*catchy*" headline with a smaller sub-headline explaining what it is really about.
- Ken Vail asked about producing materials with money from indirectly, or non-CDC funded programs.
  - ⇨ Steven Tierney explained if:
    - Any part of the program is directly funded by CDC, or
    - Financed by local or state jurisdictions with CDC funds, or
    - If any program facility or staff whose expense is directly or indirectly funded by the CDC is used for the material (either by creating, editing, or distributing); then

    The material must go through the review process.
- There was discussion regarding Sections 2500 and 317 of the Public Service Act, including its promotion of abstinence and monogamous, sanctioned relationships.
- Steven Tierney noted the administrative burden to both State and City health departments in reviewing and signing off on every piece of material.
  - ⇨ This, he added, would not only create a logjam of paperwork, it would make prompt response to an emerging health issue a significant challenge.
- He also questioned the proposal's impact on interactive websites that allow people to post comments such as in 'Chat Rooms' or the like.
- He suggested these changes warrant comment from both individuals and HPPC.
- Marcel Miranda said that the Council should have a group response highlighting the cost-effectiveness of these policies, including the human cost.
  - ⇨ The proposed process would take time and money away from the delivery of services.
  - ⇨ He added that the proposal "*reeks*" of a political agenda.
- John Newmeyer said that the proposal limits the speed and flexibility of local response to the epidemic.
- Gail Sanabria said that the bureaucratic requirements at the State level would make it difficult to get any materials approved.

- Frank Strona said that this proposal would also have a detrimental effect on CBOs' ability to get funding from local private sponsors who often want to include a message in the materials such as in newsletters.
- Steven Tierney noted that there have been three separate audits of SF's materials, all of which found SF compliant.
  - ⇨ He added that many jurisdictions have not implemented the 1992 interim guidelines based on the required resources and staff. These revised guidelines will place a further strain on staff and resources and CDC enforcement will be a challenge for many jurisdictions.
  - ⇨ He and Michael Discepola added that councils around the country have invited people from SF to make presentations on being compliant with the guidance while at the same time successfully performing HIV prevention.

Motion was made and seconded for the HPPC to respond by letter to the CDC with objections raised at this meeting and with two co-Chairs empowered to sign. There was no further comment, question, or objection. The motion carried.

The Council expressed its appreciation for Lisa Reyes' presentation with applause.

Presentation & Discussion of Cooperative Agreement Interim Progress Report

Steven Tierney explained that the CDC grants funding in a five-year block and requires an annual review in the form of a Cooperative Agreement application. He introduced Charles Klein who explained the process and the HPPC's role therein, including the following.

- Due to the lateness of the CDC issuance of the application this year's Cooperative Agreement is due in October rather than September.
- Prior to the 09/09/04 Council meeting at which the Letter of Compliance will be reviewed, members will receive a draft that will include:
  - ⇨ Several pages of responses to questions about what has happened;
  - ⇨ The 2004 Plan and the new RFP to provide overview of expected future activities;
  - ⇨ Statistics coming from the local data collection system (ELI); and
  - ⇨ A review of the local budget (an updated version of which the HPS will provide).

Steven Tierney explained that the Council may issue a letter of:

(1) Concurrence, which states that the provision of services complies with the Plan;
(2) Concurrence with Reservation, which points out any areas in which the members think the provision of services deviates from the Plan; or
(3) Non-Concurrence, which rejects the application (this has never happened in SF).

Questions and Comments

- Michael Discepola asked if members would have the opportunity to propose responses to any of the application's questions. He also asked if there are any of the questions in this year's application are troubling.
  - ⇨ Steven Tierney indicated that the questions would be made available to members.
  - ⇨ He noted that included in the application are questions that seem to frame both the Diffusion of Effective Behavioral Interventions (DEBI) and the Replicating Effective

Programs (REP) projects as requirements, although the SF HPS had previously been told that use of these methodologies would not be mandatory.

- Steven Tierney stressed that the means by which members have a direct impact on how resources are used relative to the Council's Plan is by way of the Cooperative Agreement.
  - ⇨ He offered his assistance to members if, as they read through the documentation, there are things they do not understand, or have difficulty with.

Awarding Certificate of Appreciation to Keith Folger (not on Agenda)

Steven Tierney explained that Keith Folger has been a community activist, HIV prevention Program Director, and is soon to leave for Washington DC to help set national priorities. In recognition of his contribution to the work of the Council, Steven Tierney presented Keith Folger with a Certificate of Appreciation. The attendees joined him in expressing appreciation and in wishing him well in his new endeavor.

Implementing the 2004 HIV Prevention Plan: An Overview of the Request for Proposals (RFP) Process

Steven Tierney explained that after the Plan is approved and a cooperative agreement and budget are submitted to CDC, the next step is implementation. One of the key components of this implementation is the RFP (request for proposal) process. The RFP is the mechanism by which the AIDS Office solicits community (and DPH) based agencies to deliver HIV Prevention services. Every three years providers of HIV prevention services apply (or reapply) for funding by way of Requests for Proposals (RFP). Today the HPPC will discuss the RFP. The overview of today's agenda for this topic:

- Introduction and Background to this year's RFP process;
- Charles Klein will provide information on the DEBI and REP Program Requirements; and
- The Council will divide into groups and discuss one aspect of the solicitation for services: the SF strategy in regard to DEBIs and REP and other forms of "evidence-based" prevention service delivery.

He added that time would be dedicated to discussion, questions, and comments.

Introduction and Background

Steven Tierney distributed copies of the presentation entitled, "*2004 RFP Process The San Francisco Leadership Initiative: New Opportunities and Challenges,*" copies of which are available to absent members upon request. Additional comments include the following.

- The CDC's policy is that decisions about implementing prevention strategies should be made locally.
  - ⇨ The RFP is the means by which the AIDS Office makes those decisions.
- The RFP Process provides the AIDS Office with the opportunity to enhance effectiveness and encourage innovation.
  - ⇨ The last RFP (2001) stated that the HPPC and AIDS Office sought to do things differently: based on the 2001 HIV Prevention Plan.
  - ⇨ In response, providers suggested some new approaches, as well as some traditional ones.

- ⇨ Of the older approaches, some have proven to be effective, and should be continued while others should be retired.
- The HPPC sponsored- "Strategic Alliances, Mergers and Collaborations" workshop earlier this year demonstrated that there is need for and community support for change in the prevention model and that change is on its way including the following:
  - ⇨ The "*Hold Harmless*" provisions of service contracts was intended as a means of ensuring that clients are not harmed by changes in the provision of services.
    - A few people interpret "hold harmless" as a safeguard for real estate, staffing levels, and agencies in times of economic change.
    - This Council has gone on record in opposition to this use of "*Hold Harmless*. The HPPC supports client centered program development and service delivery."
  - ⇨ The CDC's "Advancing HIV Prevention" initiative calls for making diagnosing HIV part of the provision of routine medical care.
    - In many communities, particularly among people of color, routine medical care doesn't exist.
- The CDC emphasizes the identification of HIV Positive people who are unaware of their serostatus.
  - ⇨ Without an accompanying increase in CARE and ADAP funding this could lead to widespread denial of services.
- There are a number of potential conflicts in priorities, including that many State of California and San Francisco city funded activities are **not** listed as DEBI or REP initiatives.
- The SF approach includes re-engaging and supporting individuals and communities in taking responsibility for halting the spread of HIV.
  - ⇨ Government programs may not be the most effective in reaching people on such a personal level. Thus SF's approach is to encourage programs and services designed and delivered in the most at-risk population by those best understand the needs, and encouraging community-based initiatives.
- All prevention funds (approximately $8 - 10M) are put out to bid by the RFP process.

<u>DEBI and REP Program Requirements</u>

Steven Tierney then reintroduced Charles Klein. They distributed the following documents providing an overview of the DEBI and REP programs (1, 2, & 3) and copies of Charles Klein's presentation (4):

1. "Diffusion of Effective Behavior Interventions for HIV Prevention," from the website of the Academy of Educational Development;
2. "Replicating Effective Programs Plus," from the website of the CDC's Divisions of HIV/AIDS Prevention (DHAP);
3. "Table 2. Interventions with CDC Support for Materials Production, Technical Assistance, and Training," from the website of the CDC's DHAP (including the supporting document "Section 2. Tables"; and
4. "Evidence Based HIV Prevention Programs and the New RFP."

Copies of these documents are available to absent members upon request. Charles Klein added to his presentation by pointing out the following.

- The effectiveness of DEBI programs is based on studies from the early 1990's.

- Measurements in DEBI are generally in reported behavioral change, although it may include seroconversion as a scientific marker.

Working Groups – SF's strategy in regard to DEBIs and REP

Steven Tierney distributed copies of the document entitled, "*SECTION IV Tool Box #3: Strategies and Interventions,*" from the SF 2004 Plan. He explained the following.

- The intervention strategies articulated in the SF Plan and those delineated in the DEBI or REP programs may be compatible with a small amount of adjustment and creative application.
- The Cooperative Agreement requires SF to explain its strategies and interventions in terms of DEBIs and REPs.
- In the group exercise participants are to address these questions:
  - ⇨ Which, if any, of CDC approved interventions are appropriate for SF?
    - As per Charles Klein's presentation, slide 6.
  - ⇨ How might DEBIs and REPs be modified to fit the prevention needs of SF?
    - As per Charles Klein's presentation, slide 6.
  - ⇨ What are the challenges and opportunities?
- The RFP is scheduled to be out in November with responses expected in February 2005, effective July 2005.
- In response to Joani Marinoff noting that although not identical, there are duplications in the list of DEBIs and REPs. Steven Tierney explained that this has been brought to the attention of the CDC. The CDC explanation suggests that REPs are programs "available to be replicated" while DEBIs are programs which can be adapted (with CDC technical support) in various communities. Currently, programs can choose from either list.

The attendees then divided into five work groups to discuss the questions after which the Council and guests reconvened as a whole. Steven Tierney asked for reports from the groups.

Group I

Frank Strona and Michael Discepola reported.

- The group agreed that innovation and balancing local and CDC objections would be promoted by these steps:
  a. Identify the core/composite elements of the DEBIs and REPs;
  b. Determine the BRPs impacted by it;
  c. Create a map from the SF prioritized BRPs to the DEBIs and REPs; and then
  d. Require providers, in the RFP, to hit the core/composite elements in their proposals.
  - ⇨ The narrative explaining customization of local programs should, thereby be an easy conversion from the parameters of the DEBIs and REPs
- The group expressed these concern:
  - ⇨ The process could actually hinder innovation.
  - ⇨ DEBIs and REPs could lead to duplication of programs and target populations.
- The challenges noted were:
  - ⇨ Requires a restructuring of collaboration and cooperation among agencies;
  - ⇨ Finding wording to explain how programs bridge to DEBIs/REPs; and
  - ⇨ Matching the local BRP priorities with the innovations;
  - ⇨ How to identify and measure innovation; and
  - ⇨ Determining if innovation of itself a good thing.

Group II

Ed Byrom and Thomas Knoble reported.

- The group was less receptive than Group I to applying DEBIs and REPs to the local situation.
- The group had a lot of questions, including:
  - ⇨ Why propose anything that isn't relevant and adaptable to SF?
    - Particularly since many of the DEBIs and REPs are specifically for populations that are not prioritized in the SF Plan.
  - ⇨ How far can programs be "*tweaked,*" meet local epidemiologic needs, and still be DEBI/REP compliant?
- There are significant discrepancies between SF's prioritized BRPs and the populations targeted by DEBIs and REPs, the two approaches do not match up well.
- The group expressed concern regarding the RFP suggesting programming as a means of obtaining income rather than because the programs provide services.
- The group suggested:
  - ⇨ Information regarding DEBIs and REPs should always be readily available to organizations that want to, and are able to, adapt them;
  - ⇨ The Strategies and Interventions from SF's 2004 Plan should be the primary format with both the SF DPH and the CDC providing technical assistance in adapting DEBIs and REPs; and
  - ⇨ Exploring funding fewer agencies with broader and more comprehensive roles.

Group III

Gwen Smith reported for the group.

- The group observed that many populations are not addressed including the Transgender population.
  - ⇨ In SF's Plan the Transgender population is noted as being at high risk and is given Tier 1 priority.

  Comments and Questions
  - ⇨ Michael Discepola stated that the DEBIs and REPs do not effectively address local issues and may be homophobic. Michael asked that this comment be included in the minutes.

Group IV

Matthew Blanchard and Andre Robertson reported that the group focused on adapting DEBIs and REPs.

- The group observed that to adapt a program requires in-depth knowledge of all of the aspects of both the local and the CDC's programs.
  - ⇨ They questioned who is responsible for identifying the core elements of the DEBI and REP programs.
- They also noted that the term "*innovation*" could be frightening, particularly to those in Washington, and they suggested using "*adaptation.*"
- The group questioned:
  - ⇨ The extent of allowable adaptation; and
  - ⇨ How to determine if adaptations are science-based.
- The group agreed that meeting the needs of the community should have priority over meeting the needs of the DEBI and REP programs – with the presumption there is a choice.

- The group suggested a meeting with DEBI/REP representatives and community members.
  Comments and Questions
  - ⇨ Renol Ratchford added that based on his experience with DEBIs and REPs, it is okay to add on to interventions to address specific issues (i.e., homelessness) as long as the fidelity of the DEBI/REP intervention is not altered.

Group IV

Perry Rhodes III and Allison Weston reported for this group.

- Many aspects of the DEBIs and REPs are already incorporated into local programs.
- The group questioned:
  - ⇨ How much variance from the DEBIs and REPs is acceptable; and
  - ⇨ What the fidelity of an intervention means.
- The group highlighted that:
  - ⇨ The SF Plan is the local prevention guide; and
  - ⇨ It is based on hard data from research done here and across the country.
- Many group members expressed discomfort with the DEBIs and REPs being a "*have to*."
- The group suggested looking at DEBIs and REPs as a resource rather than a requirement.
  Comments and Questions
  - ⇨ Charles Klein noted that DEBIs and REPs were demonstrated before the introduction of Highly Active Anti-Retroviral Therapy (HAART) and are therefore of questionable validity as well as "*old science*."
  - ⇨ Steven Tierney added that reading the CDC's promotion of these programs would lead one to believe they are current and based on the latest science.
  - ⇨ Michael Discepola said that it is important that the SF DPH look at measuring, scientifically, the effectiveness of local efforts.
    - He added that this might require setting aside dedicated resources.

Components of the RFP: Projects in Progress

1. Client Level Data Collection Systems

Steven Tierney explained that due to a full agenda and time restrictions, this item would be referred to the next Council meeting (09/09/04). Information will be sent to members in preparation of the topic's discussion.

2. Outcome Measures Project

Steven Tierney explained that the Council commissioned the Outcome Measures Project, which could be summarized as an organization level "*How do we know what we know?*" He then introduced Allison Weston from Harder & Company who distributed copies of her presentation entitled, "*Standardized Outcomes Project,*" copies of which are available to absent members upon request. The presentation provided an overview of the Organization Development/ Technical Assistance (OD/TA) project.

- This year's emphasis is on developing Standards and Outcomes that can be included in the RFP for Prevention Case Management (PCM) and Outreach.
  - ⇨ There are separate working groups for each.
- Providers currently draw up Outcomes, which often measure different elements or results.

- OD/TA's goal is to standardize Outcomes across interventions and providers.
- She asked members to review the Domains listed, and to let her know if any were missed.
- The wording used in the presentation is in draft mode and final language will be worked out during the working group process.
  - ⇨ This presentation should not be distributed, as it is very preliminary.
- Working groups will review what is to be measured – attitudes, past/recent behavior, expected future behavior, knowledge, or anything else.
- Members were urged to participate in the working groups, the dates of which will be provided, by email.

Steven Tierney said that the OD/TA project is part of SF's response to DEBIs and REPs, moving SF along with the process of collecting meaningful and useful evidence.

Questions & Comments

- ⇨ Gayle Burns asked if the OD/TA project would entail additional work for Case Managers.
  - Allison Weston replied that the objective is to replace current tracking with more focused questions, and should not change the quantity of work for Case Managers.
- ⇨ Michael Discepola asked if there has been comparisons run between the proposed outcomes and key components of the DEBIs and REPs.
  - Allison noted that comparisons are difficult, as DEBI/REPs don't match up well with local prevention services; nonetheless, effort is being made to make comparisons.
- ⇨ Thomas Knoble said that the question really is, why are people having unprotected sex, and ideally the answer should be measured.
  - He cautioned against being too abstract when measuring underlying influences (i.e., mental health).
  - He cited a previous list that included measuring how connected people are to a community as a more concrete indicator.
  - Allison Weston explained that each Domain has its own list of measurable outcomes and that multiple indicators should be read to measure effectiveness.
    - * She will e-mail a draft spreadsheet listing proposed Goals, Domains, and Outcomes (framework.xls).
- ⇨ Andre Robertson asked how to establish a baseline for comparison among the outcomes; what numbers would be used?
  - Allison said that the ELI system might be able to provide some baseline by using data from a number of points in time.
- ⇨ Steven Tierney said that the OD/TA project is SF's way of demonstrating its measurable results.
  - This is particularly relevant as the Cooperative Agreement application includes a question like, "*If you are not using DEBIs and Reps how do you know what you are doing works?*"
- ⇨ He encouraged members along with board members and staff of their agencies, community members, friends, and others to get involved in the Work Groups and in forming the RFP.

Steven Tierney explained that the purpose of the presentation was to provide an overview of the OD/TA project. He reminded members that last year the Council focused on writing a multiyear

HIV Prevention Plan. Based on the priorities established, the AIDS Office goal for the remainder of this year is to write the RFP. Over the next few months the AIDS Office will work on the RFP including: conducting focus groups, committee work, special RFP work groups (as discussed in the Co-Chair's report), and continuation of the OD/TA project (as discussed by Allison Weston). The HPPC will be encouraged to offer advice until the RFP is published. At that time the legal process requires that no further input from those who might apply for funds.

The attendees joined him in expressing their appreciation for Allison Weston's presentation with applause.

General Questions and Comments

- Renol Ratchford said that he is not clear what the HPPC's stand is about DEBIs and REPs.
  - ⇨ Steven Tierney said that the Council's activities over the next few months, as outlined above, should serve to clarify how the Council deals with DEBIs and REPs.
  - ⇨ He added, however, that if an organization wants to use DEBIs and REPs it should be accommodated.
  - ⇨ Steven Tierney said that he hasn't heard contemplation of forbidding the use of DEBIs and REPs, but that their exclusive, unmodified use does not seem to be the ideal solution either. The HPPC will continue to advise on these issues.

Summary, Evaluation, and Closure of Meeting

Steven Tierney reminded members to complete their evaluation forms.

Adjournment

The meeting adjourned at 6:01 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Eileen Loughran, Vincent Fuqua, Lisa Reyes, and Steven Tierney.

Reminder: The next HPPC meeting will be held on Thursday, September 9th, 2004
City Hall, Room 201, San Francisco.

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HIV Prevention Planning Council Meeting
Thursday, September 9, 2004
3:00-6:00 pm

City Hall, Mayor's Conference Room, Room 201
San Francisco, CA

Agenda

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	**Welcome, Introductions, and Announcements**	**Israel Nieves-Rivera**
3:15 pm	**Review and Approval of Minutes of August 12, 2004** *(VOTE)*	**Israel Nieves-Rivera**
3:20 pm	**General Public Comment** Objective. To hear the comments of members of communities on matters relevant to Council business.	**Israel Nieves-Rivera**
3:30 pm	**Member Response to Public Comment**	**All**
F 112 2 19/04 3:35 pm	**HPPC Co-Chairs/Steering Committee Report** To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. *(POSSIBLE VOTE)*	**Israel Nieves-Rivera**
3:45 pm	**2005 Cooperative Agreement Application and Progress Report: Review of Priorities and Discussion of Letter of Concurrence** *(VOTE)*	**Steven Tierney, HIV Prevention Section**
4:10 pm	***Break***	
4:20 pm	**Report from the HPPC Evaluation Committee: Review and Approval of 2005-2007 Strategic Plan for Evaluation for San Francisco** *(POSSIBLE VOTE)*	**Perry Rhodes, III, Chair of the Evaluation Committee**
5:05 pm	**Client Level Data Collection Systems** 1. **PEMS Update** 2. **Update on ELI**	**Steven Tierney, Marise Rodriguez**
5:20 pm	**Preparing for the 2004 RFP:** • **Follow up from 8/12 HPPC Meeting: How will the RFP include DEBI and REP models for intervention?** • **What is the role of the HPPC in the RFP?**	**Israel Nieves-Rivera**
5:50 pm	**Summary, Evaluation, and Closure of Meeting**	**Israel Nieves-Rivera**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:
Membership/CLC: Monday, September 13, 3:00-4:30 PM, 25 Van Ness Ave, 330B
New Approaches: Monday, September 20, 5:00-6:30 PM, 330A
Prevention with Positives: Wednesday, September 22, 4:00-6:30 PM, 25 Van Ness, 330A
Steering: Thursday, September 23, 3:00-5:00 PM, 25 Van Ness Ave, 330A
Evaluation: Thursday, October 7, 3:00-5:00 PM, 25 Van Ness Ave, 330B
Full Council: Thursday, October 14 , 3:00 – 6:00 PM, TBA

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Item	Action	Resolution
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Discussion of the Challenges with the ELI System (K. Folger 3.11.04)	Sent to Evaluation Committee 3/04	Discussion on ELI and PEMS scheduled for September 9th, 2004
Clients from Walden House to talk about benefits from Transgender Program at Walden House (J. Johnson 3.11.04)	Invite clients to April 8 meeting to participate in discussion.	Presentation made to HPPC on April 8, 2004.
Discussion of Risk Behavior Studies with African Americans (especially gay men and prevention needs) in San Francisco (CAPS, others) (A. Robertson 3.11.04)	SC suggestion: July or August	TBD

San Francisco

HIV PREVENTION PLANNING COUNCIL

Minutes

September 9, 2004

The next HPPC meeting will be held on Thursday, October 14, 2004
3:00 - 6:00 p.m.
City Hall, Room 201, San Francisco

Members Present:
Barbara Adler
Gayle Burns
Edward Byrom
Michael Cooley
Robert Gomez
Janetta Johnson
Thomas Knoble
Joani Marinoff
Marcel Miranda
John Newmeyer
Israel Nieves-Rivera
Renol Ratchford
Perry Rhodes III
Andre Robertson
Gwen Smith
Frank Strona
Steven Tierney

Members Absent:
Chata Ashley (on leave)
Matthew Blanchard
Erick Brown (on leave)
Aaron Cohen
Michael Discepola
Catherine Geanuracos (on leave)
Steve Gibson
Tamika Gonzales
Ken Pearce
Gail Sanabria
Mike Schement (on leave)
Tae-Wol Stanley

Harder + Co.:
Kim Dorman
Allison Weston

Guests
Vida Edwards
Signe Hirsimaki - Glide
Billie Jean Kanios - Walden House
Heather Lanthorn - Habitat
Steve Oxendine
Joaquin Sanchez
L. Tsay - TNDC
Carla Wilson - Quan Yin Center
Hank Wilson

HIV Prevention Section:
Vincent Fuqua
Charles Klein
Betty Chan Lew
Eileen Loughran
Tracey Packer
Lisa Reyes

Process Evaluation Team:
Kathleen Roe

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Welcome, Introductions, Announcements, and Refreshments

Israel Nieves-Rivera called the meeting to order at 3:08 PM. He explained that the Co-Chairs rotate the responsibility for chairing and providing support at each Council meeting. He announced a few housekeeping items such as turning off cell phones, public comment forms, evaluation forms, announcements and handouts. Israel acknowledged members who called to let the Council know that they will be absent.

The icebreaker was asking members what skills or characteristics they most value in a leader.

Lisa Reyes announced a Town Hall meeting on Breast Cancer on September 23 from 2-6 PM in the Mission. There will be screening for breast cancer.

Tracey Packer announced that David Weinman is away and the HPS staff will be taking minutes.

HIV PREVENTION PLANNING COUNCIL
Minutes
September 9, 2004

Ed Byrom announced that Walden House is sponsoring "Surviving & Thriving: Key Psychological Themes in African American Psychology and Mental Health" training to be held on September 16 from 9:30 - 5:00 PM at 815 Buena Vista West, San Francisco. The tuition is $85 and can be waived. If you are interested please call Ed.

Frank Strona announced that the San Francisco Gay Men's Community Initiative is putting together its first community forum, "Mirror, mirror on the wall... Is body image a fetish amongst gay men?" on Wednesday, September 22 at 7:00 PM at the LGBT Center on Market Street at Octavia in the Rainbow room. Due to budget constraints on advertising, he asked members to spread the word. An electronic version of the flyer is available upon request through Frank for distribution.

Israel distributed a graphic novel called "Sexile," written by Jaime Cortez.This magazine was produced by the Institute for Gay Men's Health. The magazine features Adela Vazquez, a former HPPC community member and activist of the transgender community. He noted that there is an evaluation form enclosed in the magazine for feedback.

Marcel Miranda announced that Glide is looking for a Transgender Community Health Specialist. He will be e-mailing the announcement to members.

Steven Tierney asked for moment of silence for Chata who has been very ill.

Review and Approval of Minutes of August 12, 2004

A motion was made and seconded to accept the minutes of the 08/12/04 meeting. Renol Ratchford said that in the minutes on page 13 under "General Questions and Comments" he did not say that he favors dismissing the DEBIs and REPs from the RFP process. He asked that it be removed from the minutes. Israel also noted that Tamika Gonzales was not on leave as indicated in the minutes. The motion was amended and seconded to accept the minutes with the above changes. Barbara Adler and Perry Rhodes III abstained. The minutes were approved.

General Public Comment

Marcel Miranda requested that the Council be aware of comments by Dr. Jeff Klausner in the media about labeling Viagra as a class 3 drug. He is disturbed that this vilification of Viagra is misplaced energy and makes it difficult to have discussions about the HIV prevention implications of Viagra use. He feels that the HPPC may need to respond on this issue later.

Member Response to Public Comment

Israel invited response from members; none was offered.

HPPC Co-Chairs/Steering Committee Report

Israel noted that there was no Steering Committee in August due to lack of quorum and that much of what the Co-Chairs would report on would be covered on today's agenda.

HIV PREVENTION PLANNING COUNCIL
Minutes
September 9, 2004

2005 Cooperative Agreement Application and Progress Report: Review of Priorities and Discussion of Letter of Concurrence

Steven Tierney explained that the role of the Council as mandated by CDC is as follows:

- ⇒ Developing a Plan every 3-5 years.
- ⇒ Every year review a cooperative agreement application (grant) on how we will spend the money in upcoming year.
- ⇒ Review the application relevant to the Plan and writes a letter to CDC on concurrence, non-concurrence, or concurrence with reservations.

Steven also highlighted and explained a few items in the Cooperative Agreement Application:

- ⇒ CDC's new initiative, Advancing HIV Prevention
- ⇒ Targeted services such as counseling and testing, outreach,
- ⇒ Services to be carried out through the 2004 RFP, and
- ⇒ The importance of evaluation, for which HPPC has just developed a strategic plan, and the CDC's new system, PEMS.

Steven then reviewed the 2005 application budget with the HPPC. He noted that the amount of funds going out into the community has not decreased, it remains at 66%. The rest of the funds cover CDC's requirements for administering the grant. He asked members to review the sections of the budget carefully and ask questions.

Questions and Comments

- Andre Robertson asked for clarification on non-concurrence and what will happen to ELI if we implement PEMS.
  - ⇨ Steven responded that non-concurrence means the HPS will have to revisit the application in relation to the Plan and the CDC can delay the funds until the conflict can be restored.
  - ⇨ Steven referred PEMS and ELI questions to the later agenda item which will focus on these issues.
- Frank Strona asked if there will be additional funding for agencies that do not wish to adhere to CDC restrictions.
  - ⇨ Steven explained how occasionally HPS receives special project funds and carry forward funds from CDC. He also explained that the HPS receives funds from the State on counseling and testing and for education and prevention, and City general funds for agencies that do not fall under CDC restrictions (i.e. needle exchange).
- Barbara Adler commented on how well the Cooperative Agreement application is written.
- Ed Byrom pointed out that the Cooperative Agreement and the Plan outline the priorities for programs in San Francisco. The application underlines the importance this rather than focusing only on DEBIs and REPs.
  - ⇨ Steven Tierney responded by saying that there is nothing wrong about DEBI and REP, but that we do not want to be limited to them. DEBI and REP are developed for certain populations but not necessarily for all.

- Ed said he would like the reservations that the HPPC has about DEBI and REP to be included. He also asked for clear wordsmithing under "Program Monitoring" on page 19 to ensure that collaborations are effective. Linkages are important and MOUs to demonstrate the linkages, but they are not enough.
- Michael Cooley pointed out that the draft 2 has all the recommendations that were made by the Council earlier.
- Steven commended Charles Klein and Tracey Packer and her team for writing the 2005 Cooperative Agreement Application.
- Joani Marinoff asked if the final 2005 Cooperative Agreement Application be sent to all members. Steven said that it would.
- Israel asked members to review the concurrence letter which was provided to each of the member.
- Steven pointed out that the letter in front of them were the letter of concurrence and hopes to move the motion to concur with the 2005 Cooperative Agreement Application.
- Barbara made the motion to concur with the 2005 Cooperative Agreement Application. It was seconded by Marcel.

Questions and Comments

- Michael Cooley asked for clarification and understanding of concurring with the letter and what it means to the points that were brought up by Council members earlier.
  - ⇨ Steven Tierney responded that these points would be included.
  - ⇨ Andre Robertson clarified that we are in concurrence but there will be some word smithing needs to be done before sending it to CDC.
  - ⇨ Steven agreed.

- Co-Chairs to issue a letter of concurrence. Vote was taken by roll call:

Member	Vote
Barbara Adler	Yes
Edward Byrom	Yes
Michael Cooley	Yes
Robert Gomez	Yes
Janetta Johnson	Yes
Thomas Knoble	Left meeting early
Joani Marinoff	Yes
Marcel Miranda	Yes

Member	Vote
John Newmeyer	Yes
Israel Nieves-Rivera	Yes
Renol Ratchford	Yes
Perry Rhodes III	Yes
Andre Robertson	Yes
Gwen Smith	Yes
Frank Strona	Yes
Steven Tierney	Yes

- The motion passed and the Co-Chairs will sign the letter of concurrence.

Report from the HPPC Evaluation Committee: Review and Approval of 2005-2007 Strategic Plan for Evaluation for San Francisco

Perry Rhodes III and Frank Strona presented on behalf of the Evaluation Committee. The presentation is available to absent members upon request.

Perry began the presentation by emphasizing that a goal of the committee was to change the culture of evaluation in SF HIV prevention. He went on to explain that evaluation is normally viewed in a negative way, but that the committee has worked hard to expand that viewpoint to a more positive one.

The strategic plan, he explained, was developed with the providers in mind. It is made up of smaller components that are easy to comprehend and utilize.

The discussion was opened up to the group:
Discussion Motion #1 (Evaluation Committee moves that Using Referrals to Connect to Services be approved for recommendation to the HIV Prevention Section.)

Andre Robertson asked how "stories" were being collected, in particular those whose stories aren't traditionally collected. He also questioned whether we can recommend that we want research done if information is not available.

Frank stated that approval of the strategic plan would systemize the collection of "stories". He also stated that the strategic plan would increase input from the community.

Perry explained the process: gather the stories, share the stories, and recognize the gaps. Perry stated that if gaps are found they would go to the HPPC and the HPS.

Michael Cooley asked what an outcome objective may look like.

Frank explained that agencies would be able to use existing procedures or develop new ones. This will allow agencies to be innovative and also receive guidance from the HIV Prevention Section.

Discussion Motion #2 (Evaluation Committee moves that the Evaluation Strategic Plan be approved for recommendation to the HIV Prevention Section.)

Frank presented on Referrals to Connect to Services. He explained that the committee decided to develop a referral tracking component before it was mandated by CDC.

Joani Marinoff asked if referrals are used as an example of an outcome measure.

Perry responded that the committee decided to develop a referral tracking component before it was mandated by CDC. Referrals can be a measurement of the success of an intervention.

Frank explained that part of evaluation will be how we keep track of referrals. He said this motion will allow us to look at other ways to monitor referrals before the CDC mandates it.

Perry and Frank emphasized that the strategic plan for evaluation was developed to encourage creativity.

Gayle raised her concern on extra paperwork required for agencies. She noted that PCM providers are already required to complete a referral data sheet. She questioned whether this would affect programs and/or site visits.

Frank responded that agencies would be able to use the tracking system that works best for them. He mentioned that a menu will be developed and that will allow an agency to choose a system that works best for them.

Janetta Johnson stated that she was impressed with the referral tracking component. She explained that as a case manager, she recognizes how this will be beneficial to clients.

Barb Adler also offered support. She favors the idea because it gets everyone on the same page, plus it is non-punitive.

Gwen Smith stated that she approves of this because it goes a step beyond MOUs, which never include a tracking component.

Ed Byrom mentioned that this would give a clearer picture of what the gaps are and unsuccessful agencies would weed themselves out.

Motion was made to approve Motion #1 (Evaluation Committee moves that Using Referrals to Connect to Services be approved for recommendation to the HIV Prevention Section.) Motion #1 passed with one abstention (Steven Tierney).

Steven Tierney praised the strategic plan and cited it as another example of how the HPPC is ensuring that HIV prevention is effective and responding to the current epidemic. He further explained that this is a wonderful opportunity to implement the Plan. He said that he abstained today since the motions are recommendations to his office.

A second motion was made to approve Motion #2 (Evaluation Committee moves that the Evaluation Strategic Plan be approved for recommendation to the HIV Prevention Section.) Motion #2 passed with one abstention (Steven Tierney).

<u>Client Level Data Collection Systems</u>

1. PEMS update
2. Update on ELI

Steven Tierney presented to the HPPC on PEMS. He said that CDC has developed this system to standardize variables so that eventually we can see what is happening in prevention across the U.S.

Steven said that next month Kathleen Roe would be conducting an exercise with the HPPC, thinking about ways that we that we are present as council members. Different roles that HPPC members hold: 1) as council members we support the notice that prevention dollars money effectively in

terms, making sure that health assess are improve for people 2) also as agencies members aware of how this impact the function of our work at the agencies, especially when it comes to clients. He said that we need to figure out how to balance those roles.

Steven said that the HIV Prevention Section has worked with ELI and has met with CDC to learn about PEMS. He said that one basic consideration that the HPS is making in thinking about the two systems:
1. San Francisco receives $10 million from CDC and $2 million from state and we have the responsibility to report data for both.
2. By provider report, ELI has been challenging.
3. Resources require providers to enter data in ELI and to do quality management, and to use this information have been challenging

He feels that PEMS would better meet San Francisco's needs. He said that CDC is aware that the RFP will be released this year and that new contracts would not start until July 2005. CDC will not require SF contractors to implement PEMS until July 2005.

Frank asked if the RFP will be specific about equipment and funding necessary for PEMS or ELI. It is important that providers have the tools to implement the system.

Barbara asked if providers would be required to implement both HIV 6 and PEMS, two systems for the same data.

Steven said that there are ways to manage the funds so that would not happen. The state CTR funding is CDC funding passed through the State Office of AIDS.

Marcel asked where the money comes from for equipment and whether each agency needs its own scanner or would the AIDS Office scan all forms. He commented on the value of getting reports from the system. He wondered if PDAs could be used, where agencies can download onto a computer, after real service time. He said he thinks PEMS is a good idea.

Michael Cooley mentioned the issue of collecting data for invoicing and to have accurate information that each agency can use or the city as a whole can look at to understand who is being reached. He is concerned about the quality of data.

Israel said he thinks that PEMS will allow agencies to keep the data they need programmatically and report what is required to CDC.

Steven said that the HPS is committed to having good quality data. He said that the HPS and HPPC need to figure our how to best gather the data to tell the story and we have time to think about that.

Charles clarified that the state has intended to send ELI data to CDC but has not yet.

Perry said that a lot of these issues have to do with trust. We do little things that may hurt trust with providers, such as announcing that forms will be scannable, yet at this time only one intervention is planned for scanning. He said it is important for us to be mindful about the messages that are put out.

Preparing for 2004 RFP

Israel acknowledged that HPPC discussed DEBI and REP at the last meeting and that this discussion will be continued. He then turned to the leadership role of the HPPC members in relation to the RFP. He asked for comments from members.

Michael Cooley said the Plan tries to address gaps in prevention among populations, for instance, the transgender community, and he wants to make sure that the RFP follows through with ensuring that populations are reached. Our job is to highlight those needs and gaps in community.

Barbara said that a leadership role is to assist providers to see how the DPH is a partner in prevention. As HPPC members, we are working with the DPH; we can help all providers see the bridge and collaboration.

Frank Strona said that HPPC members have to hold on to the vision of what we believe is effective. Not all prevention is effective and there may be agencies that are just in it just for the money, but are not providing the services that are needed. The council needs to step up and acknowledge this.

Marcel said that part of the HPPC role is being a conduit, understanding the big picture. It is important for the community to understand the HPPC and the Plan. He said that presentations on the Plan are important and this may increase membership.

Andre said that when HPPC members are conducting site visits, we do what Frank is talking about. We provide constructive criticism.

Edward said he thinks the AIDS Office has the right to let agencies know that they will not be funded, if they are doing what they are supposed to. We have to ensure services are being provided for clients.

Frank suggested that maybe the HPPC should hold a meeting without DPH/AO staff. HPPC members could take leadership in presenting how the Plan was developed, why the priorities are what they are. Show that it is the HPPC that makes these decisions.

Frank then moved that the HPPC form a modified host group to plan a 2 hour conversation meeting about the RFP without AO staff. (2nd by Gwen)

Discussion:
Michael cautioned that the HPPC made it clear that it is not our role to decide which providers get money and don't get funded.

Barbara thought it was a good idea, but that it is important for the HPPC and AO to come back together as a body afterward to show the collaboration.

Kathleen Roe proposed that the HPPC have a mock meeting at the next Council meeting, an activity with questions to members.

The vote was called. The motion was approved unanimously.

Steven Tierney reminded the members of the RFP introduction meeting on 9/22/04 to layout the ground work for the RFP at the First Unitarian Universalist Church on Franklin at Geary.

Steven then added an announcement: He said that CDC been encouraging California to use names reporting for HIV reporting. The CDC does not include data in its reports from states with non-names reporting and there is concern that California will not get its portion of HIV/AIDS funding. The state of California is discussing how to handle this. Los Angeles County has encouraged the state to switch to names reporting. This will be discussed on next month's agenda.

Summary, Evaluation, and Closure of Meeting
Israel Nieves-Rivera reminded members to complete their evaluation forms.

Adjournment
The meeting adjourned at 5:50 PM.

Minutes prepared by Planning Unit staff.
Minutes reviewed by Tracey Packer and Israel Nieves-Rivera.

Reminder: The next HPPC meeting will be held on Thursday, October 14, 2004
City Hall, Room 201, San Francisco.

HIV Prevention Planning Council Meeting
Thursday, October 14, 2004
3:00-6:00 pm

City Hall, Mayor's Conference Room, Room 201
San Francisco, CA

Agenda

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

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3:35 pm	**HPPC Co-Chairs/Steering Committee Report** To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. *(POSSIBLE VOTE)*	**Gwen Smith**
3:45 pm	**Innovation and Creativity: New Approaches to Prevention** *(VOTE)*	**Gayle Burns and Steven Gibson** New Approaches to Prevention Committee
4:25 pm	***Break***	
4:40 pm	**A New Slice of Prevention: Guiding Principles for Prevention with Positives Programs in San Francisco** *(VOTE)*	**William Blum, Ed Byrom, & Jeff Leiphart** Prevention with Positives Committee
5:15 pm	**The Plan Hits the Streets: Lessons Learned from the HPPC's RFP Experiences**	**Kathleen Roe**
5:50 pm	**Summary, Evaluation, and Closure of Meeting**	**Gwen Smith**

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Full Council: Thursday, December 9 , 3:00 – 6:00 PM, TBA

No full council meeting in November instead there will be a closed session training for members and professional staff only.

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- San Francisco

HIV PREVENTION PLANNING COUNCIL

Minutes

October 14, 2004

The next HPPC meeting will be held on **Thursday, December 9, 2004**
(No Council meeting in November)
3:00 - 6:00 p.m.
City Hall, Room 201, San Francisco

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#3
10/14/04

Members Present:
Barbara Adler
Matthew Blanchard
Gayle Burns
Edward Byrom
Aaron Cohen
Michael Cooley
Steve Gibson
Robert Gomez
Tamika Gonzales
Janetta Johnson
Thomas Knoble
Joani Marinoff
Marcel Miranda
John Newmeyer
Israel Nieves-Rivera
Perry Rhodes III
Gwen Smith
Frank Strona
Steven Tierney

Members Absent:
Chata Ashley (on leave)
Erick Brown
Michael Discepola
Catherine Geanuracos (on leave)
Ken Pearce
Andre Robertson
Gail Sanabria
Mike Schement
Tae-Wol Stanley

Harder + Co.:
Kym Dorman
Allison Weston

Process Evaluation Team:
Kathleen Roe

Guests
William Bland - SFAF
Nina Crossman - SFAF
Vida Edwards - Reaching Out
Thomas Ganger - HAFCI
Billie Jean Kanios - Walden House
Lauren Kucera - CoAction
Jack Newby - CARE Council
Stephen Oxendine
Teddy Partridge - STOP AIDS
Chris Santini - Marin County Planning Group
Carla Wilson - Quan Yin
Hank Wilson

HIV Prevention Section:
Vincent Fuqua
Alice Heimsoth
Betty Chan Lew
Eileen Loughran
Tracey Packer
Lisa Reyes
Seth Watkins

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Welcome, Introductions, Announcements, and Refreshments

This would normally be Gwen Smith's turn to facilitate the council meeting; however due to minor surgery on her vocal cords and she is still in recovery, Israel Nieves-Rivera will be facilitating on her behalf.

Israel Nieves-Rivera called the meeting to order at 3:10 PM. He announced a few house keeping items such as turning off cell phones, public comment forms, evaluation forms, announcement and handouts. Israel acknowledged members who called to let the Council know that they will be absent.

The icebreaker was something new and innovative.

HIV PREVENTION PLANNING COUNCIL
Minutes
October 14, 2004

- Matthew Blanchard announced that he was in the hospital since early September.
- Joani Marinoff announced the Transgender Awareness Day and Resource Fair to be held on Wednesday, November 17 from 11-2 at City College of San Francisco Student Union.
- Israel reminded the Council of the process of sharing written documents to the council is that is should be brought to the Co-Chairs for approval and distribution to the Council.
- Ed Byrom announced that his last day with Walden House is Friday, October 15 and he will be working at Native American AIDS Project (NAAP) starting Wednesday, October 20.
- Frank Strona announced two job openings at STD Prevention and Control. They are Community Health Specialist positions. If interested please see Frank for details.
- Marcel Miranda announced that Continuum is having their first day HIV rapid test in Boeddeker Park.
- Tracey Packer announced that a researcher, Deb Marois, at UC Davis is studying how collaborative groups that include both grassroots community residents and agency representatives manage conflict and disagreements. She would like to interview 2-3 HPPC members. If you are interested, please talk to Tracey.
- Tracey also announced Chata's (HPPC Member) health status. He is at Maitri hospice care. She thanked everyone for their donations which have been generous. She asked members who were interested in assisting Chata and his mother, to put their donations in the envelope provided.

Review and Approval of Minutes of September 9, 2004

Motion was made and seconded to accept the minutes of the 9/9/04 meeting. There was no discussion, additions, corrections, changes, or objections. The minutes were approved with one abstention.

General Public Comment

Hank Wilson noted that the New Approaches to Prevention Committee presentation today did not include poppers. He went on saying that young people who have not had the benefit of the education on poppers. He continued by saying gaps in prevention exist and new infections can result from this gap. He wanted the Council to know that there has not been qualitative study.

Member Response to Public Comment

Matt Blanchard responded that poppers are important and that he has concerns about drug use.

HPPC Co-Chairs/Steering Committee Report

Israel made Council aware that the 2005 HIV Prevention Leadership Summit (HPLS) will be held in San Francisco from July 31 through August 3, 2005.

Steven Tierney asked HPPC members to get involve with the planning of the 2005 HPLS. The next scheduled planning meeting will be on October 28. The HPS will send an announcement.

HIV PREVENTION PLANNING COUNCIL
Minutes
October 14, 2004

Steven noted the following dates related to the RFP:
RFP will be released in early November.
Bidders Conference will be on November 18 from 9-12, 101 Grove Street, Room 300.
Proposals due on February 1, 2005.
Services will start in July 2005.
The 2004 HIV Prevention Plan training dates will be announced.

Steven announced that a meeting for HPPC and providers discussed at the previous meeting will not take place at this time. It was decided that the decision level of info about the RFP needed by providers at this time may be burdensome for HPPC. Instead, Steven suggests that the HPPC hold a meeting after awards are made to discuss the Plan in relation to the awards.

Israel noted that there are many meetings and trainings occurring before the RFP process and that Council members should inform the community about the importance of the trainings and meetings to prepare for the RFP.

Marcel Miranda noted that it seemed that there are many meetings/trainings occurring and that whenever possible it would be great to have 30 days notice about the events.

Israel requested that the information on all up coming meetings/training be placed on the HPPC website to have one central location for the information.

<u>Innovation and Creativity: New Approaches to Prevention (NAP)</u>
Gayle Burns and Steve Gibson presented on behalf of the NAP Committee. Steve Gibson acknowledged the Committee members for their work. The Power Point presentation was e-mailed to members prior to the meeting.

- The NAP Committee identified four areas/populations of special interest that were not completely addressed in the HIV Prevention Plan. The presenters acknowledged that the recommendations are based on the scope of Committee discussion.
- Matt Blanchard had a question about the section on Out of School Youth. He was curious as to whether or not it included young people who are working. Steve Gibson responded that marginally housed and homeless youth were included in the "out of school" category.
- A member expressed concern that access to schools & youth is very limited. The Committee was commended on focusing on this as an area of interest.
- Council members suggested including "in school" youth as well, because they often do not access or have access to prevention services.
- Some council members had concerns that interest in Heterosexually-identified MSM was being focused in the BVHP. It was pointed out that other communities, not just African American., also have Heterosexually-identified MSM. There was concern that this feeds into the hype of the "down-low" that has come about from Oprah or other recent media hype. This is an issue that is not just happening in the Black Community.
- The NAP Committee agreed to change the wording to say that we'll start in the BVHP.

- Steve Gibson explained that the committee recognizes that this is occurring in other communities. He further explained that this is a starting point that coincides with the data that we have from the BVHP SCAN.
- Joani Marinoff added that this will also allow us to reach African American women.

⇨ Marcel suggested that we also include data about poppers when looking at high-risk sex. This would coincide with Hank Wilson's concerns during Public Comment.
⇨ Allison Weston agreed to gather some data on poppers for the 10/18/2004 NAP meeting. The group will explore this issue at the meeting.
⇨ Steven Tierney added that there are three areas that the Committee can have impact on HPPC and SF: generating data, funding, public policy.
⇨ Gayle Burns and Steve Gibson made the motion to approve the New Approaches to Prevention Committee's recommendations for *"Accessing Populations of Special Interest be approved for recommendation to the HIV Prevention Section."*
⇨ The motion passed by roll call votes (recognizing that wording will state that for Heterosexually-identified MSM we will start in BVHP; and for High-risk sex, we will also look at poppers).

A New Slice of Prevention: Guiding Principles for Prevention with Positives Programs in San Francisco

William Blum, Ed Byrom, and Jeff Leiphart presented on behalf of Prevention with Positives (PWP) Committee. The Power Point presentation was e-mailed to members prior to the meeting.

⇨ The presentation began with an overview of the history of Prevention with Positives in San Francisco.
It was also explained that this Committee is a collaboration between CARE and Prevention Planning Councils.
⇨ The following motion was presented to the group: Prevention with Positives Committee moves that *"Recommendations for Prevention with Positives Programs in San Francisco be approved for recommendation to the HIV Prevention Section."*
⇨ Steven Tierney asked if the Committee just wanted to improve the collaborations between CARE and Prevention via referrals, and/or via collaborative funded.
⇨ The Committee agreed that it was both and intended, but perhaps not obvious in the presentation.
⇨ Jeff - employment, benefit counseling takes weight off/pressure off.
⇨ Jeff - structural issues, confidentiality since that system will keep things confidential more likely to use these services.
⇨ Jeff - housing, employment – survival issues require that people attend to there before getting to issue of being safe or risk reduction.
⇨ Jeff - not suggesting that positive people can't be responsible but systems can be in place so safe sex behavior comes along naturally.
⇨ Ed - the Committee would likely to take this presentation to the CARE Council for approval of this continuing collaboration.
⇨ Steve Gibson asked about the timeline for scope of work.
⇨ Ed responded that it would be in one year.
⇨ What about people not ensured or under insured or not in care system?

- Ed - there are agencies that exist from people who are not insured
- Steven Tierney - clarification about interagency issues do you intend to include them.
- Matt spoke in support of the type of services delivered by Positive Resource Center.
- Barbara Adler addressed Steven Tierney's question that interagency is covered.
- Joani is impressed with the work of the Committee and happy to see structural issues included.
- Marcel Miranda also appreciates the work of the Committee and noted that in relation to syphilis, STDs are important. The numbers 60% for men that are HIV +. Would like to see something stronger regarding STDs.
- Bill responded that STDs were discussed especially as clinics that treat STDs and OB/GYN.
- Israel would like to see the CARE Council prioritize and incorporate prevention messages into the existing care services and that providers of care services should not assume that prevention messages should only be integrated if the organization receives prevention funding.
- Israel would like to see a match in priority from the CARE Council. He also wants to ensure the care ensures HIV prevention counseling is integrated.
- Bill noted that the HPPC is ahead of CARE Council in prevention with positives. CARE Council had suggested Centers of Excellence (COE) which include prevention with positives but the funding for that is not figured out.
- Bill also sees that everyone in a care setting has a role in prevention with people who are positive.
- Israel called for a vote and the motion passed by 19 approving, unanimous.

Other items that were not on the agenda are as follows:
Israel noted that Gwen's Co-Chair's term was ending on December 31, 2004. He opened to the floor for nominations. Israel nominated Barbara Adler and was seconded. Barbara accepted the nomination.

Gwen Smith nominated Gayle Burns and was seconded. Gayle accepted the nomination.

Matt Blanchard nominated Michael Cooley and Michael declined.

Steven Tierney made a motion to thank Renol Ratchford for his commitment and work. Renol has moved to Dallas, Texas.

The Plan Hits the Streets: Lessons Learned from the HPPC's RFP Experiences
Kathleen Roe provided perspective on RFPs that have come out based on the Plan developed by HPPC. She asked how many people were on HPPC during RFP process and five people raised hand. She also asked about the first RFP and two hands raised.

Kathleen noted that we all come into this work in different ways. She asked for several people to tell their stories.

This presentation was e-mailed to members.

HIV PREVENTION PLANNING COUNCIL
Minutes
October 14, 2004

Summary, Evaluation, and Closure of Meeting
Israel Nieves-Rivera reminded members to complete their evaluation forms.

Adjournment
The meeting adjourned at 6:00 pm.

Minutes prepared by Lisa Reyes, Eileen Loughran, Vincent Fuqua, and Betty Chan Lew.
Minutes reviewed by Tracey Packer and Israel Nieves-Rivera.

Reminder: The next HPPC meeting will be held on Thursday, December 9, 2004
City Hall, Room 201, San Francisco.

HIV Prevention Planning Council Meeting
Thursday, December 9, 2004
3:00-6:00 pm

City Hall, Mayor's Conference Room, Room 201
San Francisco, CA

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Agenda

Meeting called by Co-Chairs: Israel Nieves-Rivera, Gwen Smith, and Steven Tierney

3:00 pm	**Welcome, Introductions, and Announcements** *Special Welcome for New HPPC Members*	Gwen Smith
3:20 pm	**Ceremony in Honor of Chata (Ronnie) Ashley**	All
3:40 pm	**HPPC 101: Core Objectives, Rules of Engagement, and Decision Making Process**	Co-Chairs
3:50 pm	**Review and Approval of Minutes of October 14, 2004** *(VOTE)*	Gwen Smith
3:55 pm	**General Public Comment** Objective. To hear the comments of members of communities on matters relevant to Council business.	Gwen Smith
4:05 pm	**Member Response to Public Comment**	All
4:10 pm	**HPPC Co-Chairs/Steering Committee Report** To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. A report of the follow up steps from the Communication/Diversity Training will be made and plans for implementation will be discussed. *(POSSIBLE VOTE)*	Gwen Smith
4:25 pm	**Election of Community Co-Chair for 2005-2006** Two candidates have accepted nominations for the Community Co-Chair position for January 2005 through December 2006, Barbara Adler and Gayle Burns. Statements will be made by Gayle Burns and Barbara Adler. *(VOTE)*	Gwen Smith
4:35 pm	**2004: Accomplishments and Successes** The HPPC will review the accomplishments made this year and acknowledge the work of each member.	Gwen Smith, All
4:45 pm	***Break***	
4:55 pm	**Plans for HPPC 2005: Council and Committee Work: Discussion and Committee Selection** The Co-Chairs will present suggestions for the work of 2005. Members will discuss these, determine the four working committees, and vote to accept the scope of work. Members will also select their first and second choices for committee work for 2005. *(VOTE)*	Gwen Smith
5:25 pm	**Summary, Evaluation, and Celebration of 2004**	All
6:00 pm	**Closure of Meeting**	Gwen Smith

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:
Evaluation: Thursday, December 2, 3:00-5:00 PM, 25 Van Ness Ave, 330B
Membership/CLC: Monday, December 13, 3:00-4:30 PM, 25 Van Ness Ave, 330B
New Approaches: No meeting in December.
Prevention with Positives: Wednesday, December 22, 4:00-5:30 PM, 25 Van Ness, 330A
Steering: Thursday, December 23, 3:00-5:00 PM, 25 Van Ness Ave, 330A
Full Council: Thursday, January 13, 2005, 3:00 – 6:00 PM, TBA

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Item	Action	Resolution
Presentation on risk behavior among Injection Drug Users (J. Newmeyer, 2.12.04)	Steering Committee recommends Council presentation reviewing risk from needle sharing and from sex-May or June.	Presentation by four speakers conducted May 13, 2004. Recommendations made and sent to Steering Comm.
A presentation by Rafael Diaz on interventions dealing with networking and community-level work (J. Marinoff 2.12.04)	Steering Committee recommends this as part of presentation to HPPC on sociocultural context for interventions "putting the themes in the Plan into practice" – May or June.	Presented to HPPC on June 10, 2004.
Panel presentation on directly funded agencies (S. Tierney 2.12.04)	After funding determined by CDC.	Presented July 8, 2004.
Discussion of the Challenges with the ELI System (K. Folger 3.11.04)	Sent to Evaluation Committee 3/04	Discussion on ELI and PEMS included in Evaluation Comm. Presentation September 9th, 2004
Clients from Walden House to talk about benefits from Transgender Program at Walden House (J. Johnson 3.11.04)	Invite clients to April 8 meeting to participate in discussion.	Presentation made to HPPC on April 8, 2004.
Discussion of Risk Behavior Studies with African Americans (especially gay men and prevention needs) in San Francisco (CAPS, others) (A. Robertson 3.11.04)	SC suggestion: July or August	TBD-2005

HIV PREVENTION PLANNING COUNCIL

Minutes

December 09, 2004

The next HPPC meeting will be held on Thursday, January 13, 2005
3:00 - 6:00 p.m.
City Hall, Room 201, San Francisco

Members Present:
Barbara Adler
Angie Beyer
Matthew Blanchard
Gayle Burns
Edward Byrom
Chadwick Campbell
Rafael Cañadas
Michael Cooley
Michael Discepola
Thomas Ganger
Steve Gibson
Robert Gomez
Tamika Gonzales
Katie Jambor
Matt Jennings
Janetta Johnson
Tom Kennedy
Derrick Mapp
Tuck Mayo
Marcel Miranda
John Newmeyer
Ken Pearce
Perry Rhodes III
Andre Robertson
Gwen Smith
Frank Strona
Steven Tierney
Abbie Zimmerman

Members Absent:
Erick Brown
Catherine Geanuracos (on leave)
Joani Marinoff
Gail Sanabria
Mike Schement
Aaron Cohen
Thomas Knoble
Israel Nieves-Rivera
Ken Vail

HIV Prevention Section:
Vincent Fuqua
Betty Chan Lew
Eileen Loughran
Tracey Packer
Lisa Reyes
Jen Sarche
Guillermo Gonzalez

Harder + Co.:
Kym Dorman
Allison Weston

Guests
Sandra Aquirre - ICHO
Loraine Ashley
Rider Boss - Institute for Community Health Outreach (ICHO)
James "Jimmy" Loyce, Jr. - SF Department of Public Health (DPH)
Costello Nate - Native American AIDS Project (NAAP)
Catherine Picconi - NAAP
John Pryor - NAAP
Francis Salmeri - AHP
Joaquin Sanchez - AIDS Health Foundation (AHF)/Magic Johnson Clinic
Kolph Shanabruch - AIDS/HIV Nightline
Jay Stagi
Luciana Tsay - Tenderloin Neighborhood Development Corp (TNDC)
Two Hawks - NAAP
Lorraine Valerio - NAAP
Hank Wilson

Process Evaluation Team:
Kathleen Roe

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Welcome, Introductions, and Announcements
The meeting was called to order by Co-Chair Gwen Smith at 3:05 PM.

Ceremony in Honor of Chata (Ronnie) Ashley
(Please note the change in the order of agenda items.)

HIV PREVENTION PLANNING COUNCIL
Minutes
December 9, 2004

Gwen Smith pointed out that this was a special meeting in which part was dedicated to honoring the memory of Chata Ashley who passed away November 27, 2004. She invited members to join her for a moment of silence.

Gwen Smith then introduced Gayle Burns who explained some of the Native American ceremony that followed, including the significance of the drumbeat, indicating a connection to the earth and to the heartbeat, and to the eagle staff, which represents those of the Native American communities who have died of AIDS. She reminded members of the memorial service for Chata Ashley at the Metropolitan Community Church on Saturday 12/11/04. She then introduced the participants in the "*Honor Song*."

The "*Honor Song*" was then performed in remembrance of Chata Ashley.

Special Welcome for New HPPC Members

After a brief break Gwen Smith called the meeting back to order. She explained that there are three HPPC Co-Chairs who rotate responsibilities at each Council meeting. She then introduced the new members for the 2005 term (as below). And then asked attendees to introduce themselves and make announcements. As an "*ice-breaker*" members were asked to share memories of Chata Ashley.

- James "Jimmy" Loyce, Jr. addressed the Council, explaining that as the Director of AIDS Programs for the SFDPH, he and Steven Tierney, governmental Co-Chair of HPPC, will keep the Council up to date on developments during the year ahead. He explained that that he expected this to be a difficult year fiscally and provided background including the following.
  - ⇨ There will probably be a continuation of budgetary cutbacks from all government sources, but particularly from the federal and state governments.
  - ⇨ Over the next few months the Council will most likely be called upon to make difficult decisions about the use of scarcer resources.
  - ⇨ The SFDPH, the HIV Prevention Section (HPS), and the HPPC will need to find the capacity to move forward in its work, even in the face of opposition.
  - ⇨ He highlighted that the Council plays an important role in making the decisions that are essential to continuing the efforts against HIV/AIDS.
- Steven Tierney drew the members' attention to the work done in support of the Council Betty Chan Lew of the HPS.
  - ⇨ The members expressed their gratitude with applause.
- Steven Tierney also announced that he no longer is a Co-Chair of State of California HIV planning group.
  - ⇨ He added, however, that he is pleased to announce that Frank Strona has been elected as Co-Chair of that group.
  - ⇨ The members met this news with applause.

HPPC 101: Core Objectives, Rules of Engagement, and Decision Making Process

Steven Tierney provided background on the way the Council functions, including the following.

- The HPPC's core objectives and rules, which are posted at every Council meeting.
  - ⇨ These are also explained in new members' orientation materials.

- He highlighted the following as examples of accomplishments from 2004 --
  - ⇨ The San Francisco Leadership Initiative (SFLI)
    - Part of the Council's response to the CDC's, "*Advancing HIV Prevention Initiative*," which focuses on a medical model for HIV prevention, and relies on limited approaches such as Diffusion of Effective Behavioral Interventions (DEBIs) and Replicating Effective Programs (REPs).
    - The SFLI's work goes beyond the CDC's direction
  - ⇨ A project to provide housing for youth in the Castro
    - This grew, in part, out of information presented to and work done by the Council
    - It was accomplished in partnership with Supervisor Dufty, neighborhood organizations, and others.
    - This resulted in the establishment of a 12-bed facility for young people opened in the Castro and in record time.
    - Many people on the Council should be credited for making this happen.
- While members may represent a specific population, the Council represents the whole of SF.
  - ⇨ With work Council members have been largely successful in maintaining a citywide focus.

He asked the new members which organization or population they represent, and which group they are particularly interested in ensuring the Council doesn't forget.

  - ⇨ Steven Tierney commented that the new members' interest and commitment should make people feel optimistic.
  - ⇨ He observed that Chata Ashley was an example of a dedicated activist who changed the world and encouraged all members to do likewise.
- A guest commented that what is needed in SF is more outreach, particularly with teenagers and in high schools. He added that young people need compassion as well as mentoring.

Steven Tierney continued his overview of HPPC 101 by highlighting the following.

- Procedurally, the Council uses Roberts Rules of Order.
- The Council is committed to having representation and participation from all of the communities that comprise SF known as Parity, Inclusion and Representation (PIR).
  - ⇨ This includes ensuring the full spectrum is represented in the Council's composition.
  - ⇨ The next vital component is ensuring members understand and are engaged in the Council's work.
  - ⇨ He emphasized that every member has a right to be included in every discussion, decision, vote, and to understand what is being discussed
  - ⇨ Obstacles to participation can include the '*alphabet soup*' of acronyms and the epidemiologic presumptions used – both of which members need to become familiar with.
  - ⇨ Members are encouraged to ask questions if they do not understand something.
- One of the steps the Council has taken to help new members participate fully is that each has is assigned a mentor from among ongoing members.
  - ⇨ The mentor should ensure that each new member understands the processes, rules, conventions, and objectives of the Council.
  - ⇨ During this meeting new members have been seated next to their mentors.
- Each member is involved in the Council's work by participating in Council meetings and through their work with one of the committees.
  - ⇨ This year's committees are discussed later in the agenda.

- During the 2005 term the HIV Prevention Leadership Seminar (HPLS) will be in SF.
  - ⇨ HPLS is held every year in July or August.
  - ⇨ The seminar has three Co-Chairs, including Steven Tierney this year.
  - ⇨ Members were encouraged to participate, as this is a unique opportunity to share what is being done here with other areas around the country.
    - SF has a leadership tradition regarding HIV prevention and other areas of the country look to SF for new and better ways of addressing the epidemic.

Steven Tierney concluded by welcoming the new members to full, active, and noisy participation.

- ⇨ Other Council members joined in this welcoming with applause.

Review and Approval of Minutes of October 14, 2004

Motion was made and seconded to accept the minutes of the 10/14/04 meeting. The following corrections were offered:

- ⇨ Hank Wilson explained that he represented only himself at the meeting, and was not representing TARC (see list of guests);
- ⇨ Marcel Miranda clarified the location for Continuum's first day of Rapid Testing, which should read as taking place in "*Boedecker Park*" (see announcements, pg. 2).

No other additions, changes, or objections were offered. There was no further discussion. The minutes were approved as corrected with Michael Discepola abstaining.

General Public Comment

Gwen Smith invited guests to make comment.

- Francis Salmeri explained that he has started a campaign in response to the Crystal/Meth epidemic in SF.
  - ⇨ Crystal/Meth, he continued, is often referred to in the Gay community by its slang name, "*Tina*."
  - ⇨ As part of his campaign, he has made a bunch of buttons reading, "*Dump Tina*."
- Hank Wilson thanked the Council for taking action on poppers, which was the subject of his comments at the 10/14/2004 Council meeting.
- He highlighted the importance of allies in many aspects of the Council's work.
  - ⇨ He urged members not to get pigeonholed in the issues they advocate for.
- Hank Wilson also raised concerns regarding housing/homelessness in relation to the use of Meth. He expressed hope that the Council will explore this connection.

Member Response to Public Comment

- Gayle Burns explained that the New Approaches to Prevention Committee specifically discussed the use of poppers. She added that next year it will be explored further.

HPPC Co-Chairs/Steering Committee Report

Gwen Smith noted the distribution of these documents:

- "HIV Prevention Planning Council (HPPC) Co-Chairs Report Thursday, December 9, 2004," (distributed to members by email (Report 1209.doc); and
- "Notes and Ideas from the Diversity/Communication Training November, 2004."

Printed copies of both documents were available at the meeting and to absent members upon request. She explained that the Communication/Diversity Training held 11/04/2004 took the place of the November Council meeting. She then asked for questions or comments, none were offered.

Election of Community Co-Chair for 2005-2006

Gwen Smith offered explanation of the election of a new Community Co-Chair, including the following.

- Her term expires at the end of the year (12/31/2004).
- Two candidates, Barbara Adler and Gayle Burns, have been nominated and accepted nomination for the two-year term commencing 01/01/2005.
- Candidates' statements were distributed to members by email (Barb Adler Statement.doc, and Gayle Burns Statement.doc).
- She then invited the candidates to make statements before the vote.
  - ⇨ Barbara Adler thanked the Council for the nomination and explained that she would be happy whichever way the election goes.
  - ⇨ Gayle also thanked the Council adding said she was honored to be nominated in the company of Barbara Adler.
- Steven Tierney pointed out that by law the vote has to be public. The candidates chose to step out of the meeting room during the vote.

Vote was taken by roll call. Roll call vote results available upon request.

Gayle Burns was elected as Community Co-Chair for 2005-2006.

Steven Tierney thanked Gwen Smith for her service as Co-Chair. He pointed out that her work on behalf of the HPPC included bringing attention to the Bayview Hunter's Point (BVHP) neighborhood and representing SF HPPC in Washington DC and elsewhere.

Gwen Smith explained that when she started on the Council she was angry, but feels that progress has been made, particularly in the prevention efforts taking place in the BVHP. She concluded that the Council should remain committed, as she is, to prevention all over the City -- and all over the country.

⇨ The attendees expressed their appreciation to Gwen with applause.

2004: Accomplishments and Successes

Review of Evaluation Team's Findings

Gwen Smith introduced Kathleen Roe, from Community Health Studies Group, the HPPC's process evaluation consultants. Kathleen Roe distributed the document entitled, "*HPPC Process Evaluation Semi-Final Report January - October 2004*," a copy of which is available to absent members upon request. She explained that this is a semi-final report and doesn't include data for December. The

final report will be distributed when completed. The presentation highlighted accomplishments from 2004 and some expectations for 2005. Her presentation included the following points.

Quarter One - January to March - *Getting to Know You*

As is typical, the first quarter 2004 was largely consumed by members acquainting themselves with each other and the processes, including:

- Adjusting to meetings facilities such as dates, times, resources
- Valuing opinions
  - ⇨ Measured as an index of members' perception of the value being given to their opinions with scores typically starting low in January and beginning to rise during this quarter.
- Enough Time for Discussion, a continuing on-going issue.
  - ⇨ This is usually discussed and worked out during the 1st Quarter.
- Learning about HIV/AIDS Prevention in SF (HIV 101), such as --
  - ⇨ Getting acquainted with prevention efforts,
  - ⇨ Gaining a sense of what each other knows,
  - ⇨ Reviewing SF epidemiologic data, and
  - ⇨ Learning and shaping a common language
    - She noted that the Co-Chair leadership, professional staff, and consultants are particularly good at addressing these issues

Quarter 2 - April to June - *The Work!*

Typically during the 2nd Quarter members get down to the actual work, as was the case in 2004, including:

- Distribution of The Plan
  - ⇨ 2005 will probably be more about proposals and, probably, changes in funding
- Getting Engaged in Committees' work/priorities
- Comings and goings of members typically commence and lead to questions and members wonder if there is something seriously wrong with the process
  - ⇨ This happens every year - it did in 2004 and probably will in 2005, and people should be prepared for this
  - ⇨ Although members leaving should be avoided where feasible, as members can't be replaced during the year and absences are always felt, nonetheless life situations often require changes

Quarter 3 - July to September - *Making Commitments*

This quarter is typically characterized by the contradiction between members becoming more engaged in the Council's work, but summer is also a time of low attendance, including --

- The Committees get deeper into their work as products, plans and processes are developed.
  - ⇨ Members' comments typically reflect a heightened quality of discussions and interaction.
  - ⇨ In 2004 Committees worked on applying the Plan to the new RFP.
  - ⇨ CDC Cooperative Agreement is always reviewed in the 3rd Quarter
- But there is the typical summers disconnect due to vacations, which results in the lowest attendance of the year.

Quarter 4 - October to December - *May the Circle be Unbroken*

What happened in 2004 was typical and included the following.

- Finishing up the projects started and meeting the end-of-year deadline.

- Preparing providers to go from The Plan to its application in the new RFP.
- Transitions and the cycle begins again where some members do not rejoin and new members are given orientation and introduced to the other Council members.

The 2004 term was the tenth term of the HPPC

There has been a community planning meeting every second Thursday of the month for 10 solid years, without a single month being cancelled for any reason whatsoever; however, some meetings were moved to a different day of the month, and some years there was more than one meeting per month.

Process Outcomes

Kathleen Roe invited members to provide input about the process during 2004, including what they consider the best outcome of the year's work. Members' responses included the following.

- Michael Cooley said that he was pleased that there are a lot of young people involved in the Council's work, including several new members.
- Perry Rhodes III said that one of the best outcomes was that members had a real voice in influencing priorities through the RFP process.
  - ⇨ Kathleen Roe noted that this was an intentional part of the planning process.
  - ⇨ Steven Tierney added that the Council told the SFDPH what it wanted to do in the RFP and it had real effect.
    - * He pointed out that four years ago there were 90 RFP applications, and that this year there were 146 applications, including from 28 agencies that have never been funded by DPH to do HIV prevention work.
  - ⇨ Kathleen Roe said that researching why there were so many new applicants might make an interesting and valuable research study/investigation.
- Janetta Johnson said that an important accomplishment from 2004 was bringing community members into the Council with presentations and the Council going out into the neighborhoods meeting people and hearing their concerns.
  - ⇨ Kathleen Roe observed that the Council has learned a great deal about involving the SF community in its work including how to present information effectively in the community.
- Steve Gibson pointed out that at a time when the government isn't clear about community planning this Council has made it clear that in SF community involvement is a priority.
- Ken Pearce said there has been good community representation in the working committees.
- He also highlighted the cooperation between the CARE (Health Services Planning Council – HSPC) and Prevention (HPPC) councils.
  - ⇨ Kathleen Roe pointed out that this cooperation is historic; a first for SF, adding that it was done in its own way without directives or requirements from outside.
  - ⇨ Ken Pearce, noting that he is a member of both councils, commended the HPPC for taking the initiative to work together.
- The Council's collaboration, he added, came up with a good product – the Prevention for Positives (PWP) Committee work.
- John Newmeyer said members have developed a means of working together harmoniously, and compared to other years there was a minimum of members feeling disrespected.
  - ⇨ Kathleen Rose noted she and John Newmeyer have worked together with the Council for nine years.

- She added that in years gone by there were times when prevention was debated loudly, viscously, and even personally but that the Council has learned to work together.

⇨ Kathleen Roe also observed that while 2004 had tough moments between members, overall conflict has been address with remarkable dignity and intentionality.

- Barbara Adler said that the SFLI is a significant accomplishment and something special.
  ⇨ She added that people who have read it find it to be remarkable.
- Robert Gomez pointed out the annual Diversity Training continues to be an effective, successful event and has become an institutionalized part of community planning in SF.
- Frank Strona said that this group continues to raise the community-planning bar nationwide.
  ⇨ He added that 2004 was particularly significant for evaluation – seeing it as a helpful tool that is growth oriented rather than the more common view of it as punitive.
  ⇨ Kathleen Roe noted that several years ago the SF put evaluation on the board. In 2004 SF showed that evaluation could be done well as well as providing the kind of information planners need/want to have about the use of resources.
- Marcel Miranda said that the Community Liaison Committee used to hear from community members that there was an "Us and Them" dynamic, but during the past couple of years there has been an ongoing conversation that led to a new spirit of cooperation.
  ⇨ He added that it is inspiring to see better representation and more community involvement in the Council.
- He also highlighted the impact of the 2004 Plan in SF, around the country, and even around the world, adding that this impact should be acknowledged.
- Andre Robertson said that none of what happened this past year could have taken place without the support of the professional staff.
  ⇨ The attendees joined him by expressing appreciation through applause.
- He noted that a positive outcome to the Council's work with neighborhoods is that he is hearing comments from community members that he hadn't heard before, including that prevention services are actually listening to community's concerns.
  ⇨ He added that this lends credibility to the prevention efforts underway.
- He also pointed out that the Plan raised a number of good, intriguing, and important questions that he wants to pursue.
- Michael Discepola said that the Council has demonstrated a lot of integrity and has been willing to ask difficult questions and follow through with difficult decisions.
  ⇨ He added that the SFDPH has likewise been willing to make difficult decisions while being able to explain why such courses of action were being pursued.
    - He cited the Plan as an example of this and expressed his appreciation to the professional staff as well as Dara Coan of Harder & Co.
- Janetta Johnson added that the HPS professional staff has been wonderful in helping her articulate what she wanted to say.
  ⇨ She noted that Betty Chan Lew in specific has been very supportive and helpful.
    - The other members of the Council joined in expressing thanks for Betty Chan Lew's continuing support with a round of applause.
- Kathleen Roe said that an extraordinary partnership has developed between the professional staff, the consultants from Harder & Company, and the Council members.

- ⇨ She observed that everyone has fulfilled the tasks they had committed to and the agendas have moved along well.
- ⇨ The professional staff and consultants, she added, facilitated members' ability to stay focused, take courageous stands, and feel confident that their decisions would be followed up on.

- Gwen Smith noted that the way in which the DPH and the Council coordinate and work well together is exemplary.
  - ⇨ She cited her experience with the Urban Coalition of HIV AIDS Prevention (UCHAPS) where members talk of the hostile environments and fighting between the public health officials and community based planning groups in other cities. She highlighted that such hostility simply doesn't exist in SF.
    - A member responded saying, "*Thank you Department of Public Health*" which was met with applause.

Meeting Indicators

Kathleen Roe explained that the Steering Committee decided upon five indicators as being key to the Council getting its work done. She reviewed what the evaluation process found on these indicators, noting the findings are scored on a scale of one to five, including the following.

Issue	'04 Mean Score	Kathleen Roe's Comments
Meeting was important to HIV prevention in SF	4.7	This is an extraordinary score. Members found every meeting important.
Members' opinions were valued	4.6	This started slowly, but by the 2nd Quarter members' opinion improved and remained good the rest of the year.
Members understood HPPC's role	4.6	In the past members didn't always understand why an item was on the Council's agenda. The Co-Chairs and professional staff worked specifically on this during '04 and members' expressed an excellent understanding of how things fit together.
Materials were helpful	4.5	Incidents of materials not being available were due to guests not making copies of their presentations for members.
Adequate time for discussion	4.2	There was a range of opinions on this.

Overview of the findings of the 2004 evaluation process

Kathleen Roe highlighted the following.

- 256 Words!
  - ⇨ The use of "Three Words" to characterize meetings was very successful and insightful.
  - ⇨ This produced a list of 256 words, as detailed in the handout with the number of times each was used.
  - ⇨ 10% of the words were about logistics
  - ⇨ 20% of the words were expressions of concerns

- ⇨ 70% of the words were about engagement
- 78 Process Recommendations were made on the evaluation forms as detailed in the handout.

2004 Process Moments

Kathleen Roe explained the following list as key points in the Council's process as opposed to highlights in its accomplishments.

- Strong Committee Work
  - ⇨ Excellent work was done in the committees, good interaction, good deliberation
- Leadership
  - ⇨ The Co-Chair team maintained their individuality, but worked seamlessly together
    - They worked very hard on their teamwork, communication, relation with each other
  - ⇨ The Steering Committee was stellar, working well together in a focused way, ready to work and think
- The HPS Staff
  - ⇨ This group really knows how to staff community planning, as well as how to support members and each other.
  - ⇨ They demonstrated extraordinary teamwork
  - ⇨ There were no examples to cite in which their inattention hindered the Council from getting its work done.
  - ⇨ Their work was particularly amazing considering the deadlines and political pressures they worked under.
    - The members expressed their gratitude with applause
- Harder & Co
  - ⇨ Maybe one of the smartest decisions the Council has every was to hire Harder & Co
  - ⇨ And one of Harder & Co's smartest decisions was to retain Dara Coan
  - ⇨ Harder & Co's staff gets a great deal of work done and it has never let the council down
  - ⇨ The transition from Dara Coan working with the Council to Allison Weston and Kym Dorman was seamless.
    - The members expressed their gratitude with applause
- Transitions
  - ⇨ 2004 saw a lot of transitions, some broke members' hearts, while others were positive, and all were handled with dignity and respect.

Risks & Beacons

Kathleen Roe provided the following as risks and beacons into 2005.

- SF leads the way in community planning HIV prevention
  - ⇨ This has been noted and commented on by people all over the country, including consultants to the CDC.
    - She pointed out that when she does a presentation she is always swamped with questions about what SF is doing and how is it being done.
  - ⇨ The work being done in SF has a ripple effect throughout the country
- SFLI
- Prevention with Positives
- New Approaches to Prevention
- Individuals representing SF HPPC have done so well and have made a positive and tangible contribution to prevention elsewhere in the country

- Looking ahead includes consideration of the new (2005) Council, with new leadership, and new initiatives, and also includes reviewing these issues:
  - ⇨ Did The Plan make a difference?
  - ⇨ Changing political landscape
  - ⇨ SFLI & the HPLS
    - What could be better than community planners spending the weekend in SF – and be a worse nightmare for middle states?
    - She suggested:
      - * Making sure they see the most courageous, creative, and the effective interventions; and
      - * Ensuring find mentors, buddies, pen pals from the SF HPPC.
  - ⇨ 2nd decade of community planning
    - She also suggested ensuring what SF did in the first decade is documented.

The Council expressed its appreciation for Kathleen Roe's presentation with applause.

Acknowledgement of Work Done in 2004

Steven Tierney explained that each year the Council distributes Certificate of Appreciation to Council members and consultants. The certificates were distributed to applause. Israel Nieves-Rivera will co-sign certificates for those who wish upon his return.

Plans for HPPC 2005: Council and Committee Work

Gwen Smith asked Tracey Packer to provide background on the committee structure for 2005. Tracey Packer explained that each member participates in one of four committees established. For 2005 there are two standing, or continuing, committees:

- Prevention with Positives Committee
  - ⇨ As a continuation of last year's work
  - ⇨ This is joint committee in conjunction with the CARE Council.
- Membership/Community Liaison Committee.
  - ⇨ Which deals with what members' needs, and
  - ⇨ How to recruit and train new members
  - ⇨ It also ensures the HPPC and SF communities know what each other are doing

She continued by explaining the five possible committees for 2005 including the following.

- New Approaches to Prevention Committee
  - ⇨ Which would deal with interventions in SF that go beyond DEBIs and REPs.
  - ⇨ It would look at new interventions as well as adapting older ones to different populations.
  - ⇨ Steven Tierney added that this would include reaching people who have not been reached by previous interventions, including suggesting possible ways of reaching them.
    - He added that the CDC suggests their list (DEBIs) is the way to reach all people, some people question that assertion and this committee is a means to explore other interventions.
  - ⇨ In response to Andre Robertson's question, Steven Tierney explained that this committee could look at data collected from programs operating elsewhere
- Evaluation Committee

- ⇨ Would continue work on the strategic plan begun 2004.
- ⇨ It would also review and update the Epidemiology (Epi) Chapter of The Plan.
  - The CDC requires this information be updated annually.

- Substance Use Committee
  - ⇨ Would look at substance use in relation to HIV risk, including what is known, what additional data would be useful, as well as what is happening currently.
  - ⇨ It would explore Methamphetamine (Meth, Crystal), alcohol, and other substances' impact on sexual risk behavior.
- Youth Committee
  - ⇨ Would explore issues specific and/or unique to youth in SF.
  - ⇨ Would look at what is happening regarding HIV prevention as well as what should be happening.
  - ⇨ Would also explore how to ensure that youth are involved in the community-planning process, and that youth's voice is heard.
- Policy Committee
  - ⇨ Would look at the policies that are being put in place, including federal, state or city.
  - ⇨ Would look at how the SF HPPC will respond to those policies.

Steven Tierney explained that the Steering Committee came up with a list of five possible committees for 2005 with only a framework of each one's charge. At the first meeting each committee will discuss what they will deal with and their priorities. This will be submitted to the Steering Committee, who reviews the proposed Action Plan and may focus or edit it slightly.

Members voted on which two of the proposed committees would be established for 2005. Each member had two votes. The result of the poll was:

Committee	Number of Votes	Active in 2005?
New Approaches to Prevention	11	No
Evaluation	4	No
Substance Abuse	14	Yes
Youth	13	Yes
Policy	12	(Note)

Note: The Policy Committee may be established as an extraordinary committee, not as an official committee of the HPPC.

Members were then asked to choose their first and second choices of committee assignment. Tracey Packer explained that members' requests are taken into consideration when the composition of committees is decided upon; but that the Steering Committee also weighs the needs of PIR, which is an established Council priority.

Summary, Evaluation, and Celebration of 2004

Gwen Smith thanked members for their attendance and participation. She also reminded them to fill-in the evaluation forms that were distributed.

Allison Weston pointed out that Harder & Company put out a separate evaluation form and asked members to execute this form too.

Closure of Meeting
The meeting adjourned at 5:51 PM.

Minutes prepared by David Weinman.
Minutes prepared by David Weinman and reviewed by Tracey Packer and Gwen Smith.

Reminder: The next HPPC meeting will be held on Thursday, January 13, 2005
City Hall, Room 201, San Francisco.

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